Exhibit A

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Attorneys for Defendants

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF IDAHO

LINDSAY HECOX, and JANE DOE with her next friends JEAN DOE and JOHN DOE,

Plaintiffs,

v.

BRADLEY LITTLE, in his official capacity as Governor of the State of Idaho, *et al.*,

Defendants.

Case No. 1:20-cv-00184-DCN

EXPERT DECLARATION OF GREGORY A. BROWN, Ph.D. FACSM

I, Dr. Gregory A. Brown, declare as follows:

Qualifications

1. I serve as Professor of Exercise Science in the Department of Kinesiology and Sport Sciences at the University of Nebraska Kearney. I have served as a tenured (and non-tenured) professor at universities since 2002.

2. I teach classes in Exercise Physiology and in Research Methods. I have previously taught courses in Human Anatomy & Physiology and in Sports Nutrition.

3. In August 2002, I received a Doctor of Philosophy degree from Iowa State University, where I majored in Health and Human Performance, with an emphasis in the Biological Bases of Physical Activity. In May 1999, I received a Master of Science degree from Iowa State University, where I majored in Exercise and Sport Science, with an emphasis in Exercise Physiology.

4. I have received many awards over the years, including the Mortar Board Faculty Excellence Honors Award, College of Education Outstanding Scholarship / Research Award, and the College of Education Award for Faculty Mentoring of Undergraduate Student Research.

5. I have authored more than 40 refereed publications and more than 50 refereed presentations in the field of Exercise Science. And I have served as a peer reviewer for over 25 professional journals, including The American Journal of Physiology, the International Journal of Exercise Science, the Journal of Strength and Conditioning Research, and The Journal of Applied Physiology.

6. My areas of research have included the endocrine response to testosterone prohormone supplements in men and women, the effects of testosterone prohormone supplements on health and the adaptations to strength training in men, the effects of energy drinks on the physiological response to exercise, and assessment of various athletic training modes in males and females. Articles that I have published that are closely related to topics that I discuss in this declaration, and to articles by other researchers that I cite and discuss in this declaration, include:

a. Studies of the effect of ingestion of a testosterone precursor on circulating testosterone levels in young men. Douglas S. King, Rick L. Sharp, Matthew D. Vukovich, Gregory A. Brown, et al., *Effect of Oral Androstenedione on Serum Testosterone and Adaptations to Resistance Training in Young Men: A Randomized Controlled Trial*, JAMA 281: 2020-2028 (1999); G. A. Brown, M. A. Vukovich, et al., *Effects of Anabolic Precursors on Serum Testosterone Concentrations and Adaptations to Resistance Training in Young Men*, INT J SPORT NUTR EXERC METAB 10: 340-359 (2000).

b. A study of the effect of ingestion of that same testosterone precursor on circulating testosterone levels in young women. G. A. Brown, J. C. Dewey, et al., *Changes in Serum Testosterone and Estradiol Concentrations Following Acute Androstenedione Ingestion in Young Women*, HORM METAB RES 36: 62-66 (2004).

c. A study finding (among other things) that body height, body mass, vertical jump height, maximal oxygen consumption, and leg press maximal strength were higher in a group of physically active men than comparably active women, while the women had higher percent body fat. G. A. Brown, Michael W. Ray, et al., *Oxygen Consumption, Heart Rate, and Blood Lactate Responses to an Acute Bout of Plyometric Depth Jumps in College-Aged Men And Women*, J. STRENGTH COND RES 24: 2475-2482 (2010).

d. A study finding (among other things) that height, body mass, and maximal oxygen consumption were higher in a group of male NCAA Division 2 distance runners, while women NCAA Division 2 distance runners had higher percent body fat. Furthermore, these male athletes had a faster mean competitive running speed (~3.44 min/km) than women (~3.88 km/min), even though the men ran 10 km while the women ran 6 km. Katherine Semin, Alvah C. Stahlnecker, Kate A. Heelan, G. A. Brown, et al,

Discrepancy Between Training, Competition and Laboratory Measures of Maximum Heart Rate in NCAA Division 2 Distance Runners, JOURNAL OF SPORTS SCIENCE AND MEDICINE 7: 455-460 (2008).

7. I attach a copy of my current Professional Vita, which lists my education, appointments, publications, research, and other professional experience. I am also currently providing expert information on a case similar to this one in the state of Connecticut.

8. I have been asked by counsel for defendants in the matter of *Hecox et al. v. Little et al.* to offer my opinions about whether males have inherent advantages in athletic performance over females, and if so the scale and physiological basis of those advantages, to the extent currently understood by science. I have also been asked to offer my opinion as to whether the sex-based performance advantage enjoyed by males is eliminated if feminizing hormones are administered to male athletes who identify as transgender.

9. The opinions in this declaration are my own, and do not necessarily reflect the opinions of my employer, the University of Nebraska.

10. I have been compensated for my time spent in preparing this declaration at the rate of $150 per hour, and may be further compensated for time spent in subsequent testimony in this action.

Overview

11. Based on my professional familiarity with exercise physiology and my review of the currently available science, including that contained in the sources I cite in this declaration, and the competition results and records presented here, I offer three primary professional opinions:

a. At the level of elite, college, high school, and recreational competition, men or boys have an advantage over comparably aged women or girls, in almost all athletic contests;

b. Biological male physiology and anatomy is the basis for the performance advantage that men or boys have over women or girls, in almost all athletic contests; and

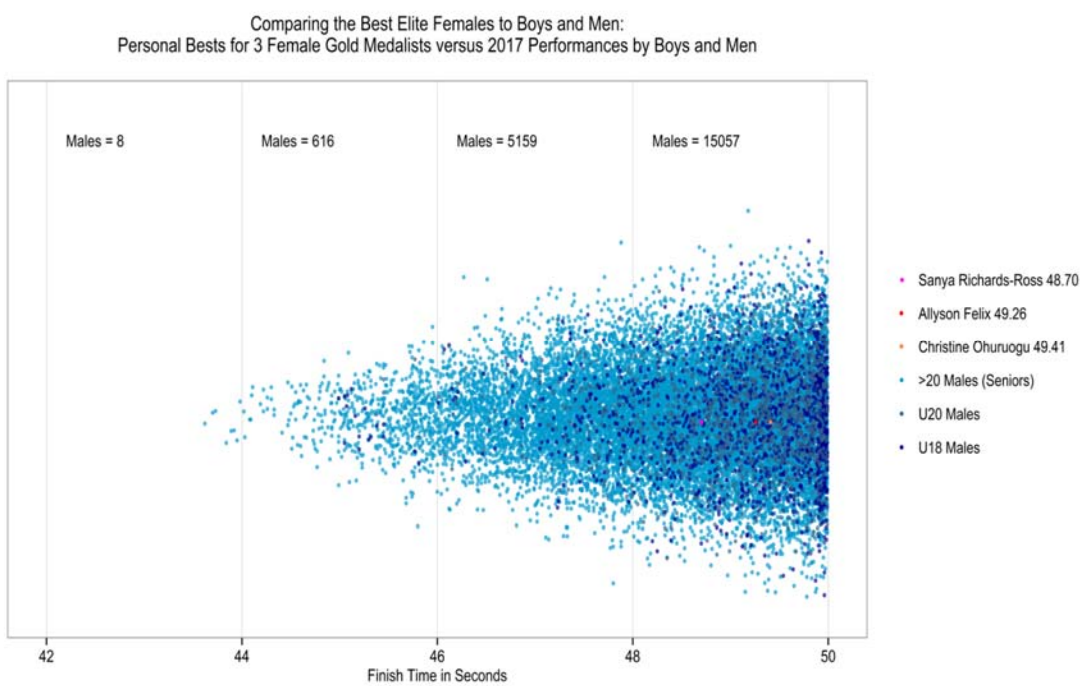
c. Administration of androgen inhibitors and cross-sex hormones to men, or adolescent boys, after male puberty, and administration of testosterone to women or adolescent girls, after female puberty, does not eliminate the performance advantage of men or adolescent boys over women or adolescent girls in almost all athletic contests.

In this declaration, I also provide supporting details, facts, and opinions relating to each of these primary opinions . Each of these opinions is based on my general professional expertise and experience, as well as on particular academic articles, and the competition results and records, that I refer to herein.

12. In short summary, men, and adolescent boys, perform better in almost all sports than women, and adolescent girls, because of their inherent physiological advantages that develop during male puberty. In general, men, and adolescent boys, can run faster, output more physical power, jump higher, and exercise greater physical endurance than women, and adolescent girls.

13. Indeed, while after the onset of puberty males are on average taller and heavier than females, a male performance advantage over females has been measured in weightlifting competitions even between males and females matched for body mass.

14. These performance advantages are also very substantial, such that large numbers of men and even adolescent boys are able to outperform the very top-performing women. To illustrate, Doriane Coleman, Jeff Wald, Wickliffe Shreve, and Richard Clark created the figure below (last accessed on Monday, December 23, 2019 at https://bit.ly/35yOyS4), which shows that the *lifetime best performances* of three female Olympic champions in the 400m event—including Team USA's Sanya Richards-Ross and Allyson Felix—would not match the performances of literally thousands of boys and men, *just in 2017 alone*, including many who would not be considered top tier male performers:



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15. Coleman and Shreve also created the table below (last accessed on Monday, December 23, 2019 at https://bit.ly/37E1s2X), which "compares the number of boys—males under the age of 18—whose results in each event in 2017 would rank them above the single very best elite [adult] woman that year:"

TABLE 1 – World's Best Woman v. Under 18 Boys			
Event	Best Women's Result	Best Boys' Result	# of Boys Outperforming
100 Meters	10.71	10.15	124+
200 Meters	21.77	20.51	182
400 Meters	49.46	45.38	285
800 Meters	1:55.16*	1:46.3	201+
1500 Meters	3:56.14	3:37.43	101+
3000 Meters	8:23.14	7:38.90	30
5000 Meters	14:18.37	12:55.58	15
High Jump	2.06 meters	2.25 meters	28
Pole Vault	4.91 meters	5.31 meters	10
Long Jump	7.13 meters	7.88 meters	74
Triple Jump	14.96 meters	17.30 meters	47

16. Coleman and Shreve also created the table below (last accessed on Monday, December 23, 2019 at https://bit.ly/37E1s2X), which compares the number of men—males over 18—whose results in each event in 2017 would have ranked them above the very best elite woman that year.

TABLE 2 – World's Best Woman v. Number of Men Outperforming			
Event	Best Women's Result	Best Men's Result	# of Men Outperforming
100 Meters	10.71	9.69	2,474
200 Meters	21.77	19.77	2,920
400 Meters	49.46	43.62	4,341
800 Meters	1:55.16*	1:43.10	3,992+
1500 Meters	3:56.14	3:28.80	3,216+
3000 Meters	8:23.14	7:28.73	1307+
5000 Meters	14:18.37	12:55.23	1,243
High Jump	2.06 meters	2.40 meters	777
Pole Vault	4.91 meters	6.00 meters	684
Long Jump	7.13 meters	8.65 meters	1,652
Triple Jump	14.96 meters	18.11 meters	969

17. These advantages result, in large part (but not exclusively), from higher testosterone concentrations in men, and adolescent boys, after the onset of male puberty. Higher testosterone levels cause men, and adolescent boys, to develop more muscle mass, greater muscle strength, less body fat, higher bone mineral density, greater bone strength, higher hemoglobin concentrations, larger hearts and larger coronary blood vessels, and larger overall statures than women, and adolescent girls. In addition, maximal oxygen consumption (VO_2max), which correlates to ~30-40% of success in endurance sports, is higher in both elite and average men and boys than in comparable women and girls when measured in regards to absolute volume of oxygen consumed and when measured relative to body mass. Testosterone is also associated with increased aggressiveness, which may offer competitive advantages for men over women.

18. Although androgen deprivation may modestly decrease some physiological advantages that men and adolescent boys have over women and adolescent girls, it cannot fully eliminate those physiological advantages once an individual has passed through male puberty. For example, androgen deprivation does not reduce bone size, does not alter bone structure, and does not decrease lung volume or heart size. Nor does androgen deprivation in adult men completely reverse the increased muscle mass acquired during male puberty.

19. In this declaration, I present, in the headings marked with Roman numerals, certain of my opinions about sex-based differences in human physiology and the impact of those differences on the athletic performance of men and women. For each of these opinions, I then provide a brief overview, and a non-exhaustive summary of studies published in science journals or other respected sources that support and provide in part the basis of my opinion, also quoting relevant findings of each article.

20. In particular, in addition to the article by Coleman and Schreve that I discuss above, I cite twenty-two articles published in scientific journals. I provide capsule summaries of those articles below. These studies form part of the basis of the opinions I set forth in this declaration, which are also informed by my general professional expertise and experience. In support of the opinions I offer, I expect to explain and testify concerning the findings and conclusions of these articles that I detail in this declaration. I expect to use any or all of the tables and charts that I have reproduced in this declaration, as well as any other tables or charts contained in the articles I reference, to present and explain my opinions to the court.

a. The first resource I cite is David J. Handelsman, Angelica L. Hirschberg, et al., *Circulating Testosterone as the Hormonal Basis of Sex Differences in Athletic Performance*, 39:5 ENDOCRINE REVIEWS 803 (2018). This article correlates data about performance differences between males and females with data from over 15 liquid chromatography-mass spectrometry studies of circulating testosterone in adults, as a function of age. The authors conclude, among other things, that "[f]rom male puberty onward, the sex difference in athletic performance emerges as circulating concentrations rise as the testes produce 30 times more testosterone than before puberty, resulting in men having 15- to 20-fold greater circulating testosterone than children or women at any age." (804)

b. The second resource I cite is Valérie Thibault, Marion Guillaume, et al., *Women & Men in Sport Performance: The Gender Gap Has Not Evolved Since 1983*, 9 J. OF SPORTS SCIENCE & MEDICINE 214 (2010). This article analyzes results from 82 athletic events since the beginning of the modern Olympic era, and concludes in part that while a wide sex-based performance gap existed before 1983, due to a likely combination

of physiological and non-physiological reasons, the sex-based performance gap stabilized in 1983, at a mean difference of 10.0 % ± 2.94 between men and women for all events. (214)

c. The third resource I cite is Beat Knechtle, Pantelis T. Nikolaidis, et al., *World Single Age Records in Running from 5 km to Marathon*, 9 FRONTIERS IN PSYCHOLOGY 1 (2013). This article analyzes results from a study of the relationship between performance and age in races of several lengths, and reports in part that "[i]n all races [studied], women were significantly slower than men." (7)

d. The fourth resource I cite is Romuald Lepers, Beat Knechtle, et al., *Trends in Triathlon Performance: Effects of Sex & Age*, 43 SPORTS MED 851 (2013). This article analyzes results from various triathlon events over the course of about 15 years, and reports in part a sex-based performance gap between the sexes of no less than 10% in every component event, with this sex-based performance gap increasing with age.

e. The fifth resource I cite is Espen Tønnessen, Ida Siobhan Svendsen, et al., *Performance Development in Adolescent Track & Field Athletes According to Age, Sex, and Sport Discipline*, 10:6 PLOS ONE 1 (2015). This article analyzes the 100 all-time best Norwegian male and female track and field results (in persons aged 11 to 18) from the 60m and 800m races, and the long jump and high jump events. The results show that sex-specific differences that arise during puberty significantly affect event results, with males regularly outperforming females after age 12.

f. The sixth resource I cite is David J. Handelsman, *Sex Differences in Athletic Performance Emerge Coinciding with the Onset of Male Puberty*, 87 CLINICAL ENDOCRINOLOGY 68 (2017). This article analyzes results from a secondary quantitative

analysis of four published sources that report performance measures in swimming meets, track and field events, and hand-grip strength. The results show in part that the onset and tempo of sex-based performance divergence were very similar for all performance measures, and that this divergence closely paralleled the rise of circulating testosterone in adolescent boys.

g. The seventh article I cite is Moran Gershoni & Shmuel Pietrokovski, *The landscape of sex-differential transcriptome and its consequent selection in human adults*, 15 BMC BIOL 7 (2017). This article details the results of an evaluation of the differences in genetic expression between men and women. The results show that in humans, out of 18,670 protein coding genes that were evaluated, over 6,500 are differentially expressed based on the sex of the person. The main relevance of this article to the case at hand is to help illustrate that the differences between males and females cannot be eliminated by reducing testosterone and increasing estrogen concentrations in a biological male.

h. The eighth article I cite is K. M. Haizlip, et al., *Sex-based differences in skeletal muscle kinetics and fiber-type composition*, 30 PHYSIOLOGY (BETHESDA) 30 (2015). This is a review article summarizing the findings of 56 other articles evaluating the differential expression of genes in skeletal muscles in males and females and how these differences in gene expression influence (among many things) muscle mass, muscle fiber type, and muscle function. The main relevance of this article to the case at hand is to help illustrate that the current scientific evidence indicates that the genetic differences in skeletal muscle size and function between males and females that give males an

athletic performance advantage cannot be eliminated by reducing testosterone and increasing estrogen concentrations in a biological male.

i. The ninth, tenth, and eleventh resources I cite are Konstantinos D. Tambalis, et al., *Physical fitness normative values for 6-18-year-old Greek boys and girls, using the empirical distribution and the lambda, mu, and sigma statistical method*, 16 EUR J SPORT SCI 736 (2016). Mark J. Catley & G. R. Tomkinson, *Normative health-related fitness values for children: analysis of 85347 test results on 9-17-year-old Australians since 1985*, 47 BR J SPORTS MED 98 (2013).Grant R. Tomkinson, et al., *European normative values for physical fitness in children and adolescents aged 9-17 years: results from 2 779 165 Eurofit performances representing 30 countries*, 52 BR J SPORTS MED 1445 (2018). Individually and combined these articles illustrate that boys as young as six years old perform better than comparable age matched girls in health related measures of physical fitness including strength, speed, endurance, and jumping ability. These advantages in health related measures of fitness translate to improved athletic performance in boys when compared to girls likely before and certainly during and after puberty.

j. The twelfth and thirteenth resources I cite are Daniel M. Fessler, et al., *Sexual dimorphism in foot length proportionate to stature*, 32 ANN HUM BIOL 44 (2005). Roshna E. Wunderlich & P. R. Cavanagh, *Gender differences in adult foot shape: implications for shoe design*, 33 MED SCI SPORTS EXERC 605 (2001). These articles evaluate and describe the differences in the feet of men and women, particularly noting that the differences between the sexes are not just a matter of stature but also include morphological traits that can influence runner performance.

k. The fourteenth, fifteenth, and sixteenth resources I cite are Daichi Tomita, et al., *A pilot study on the importance of forefoot bone length in male 400-m sprinters: is there a key morphological factor for superior long sprint performance?*, 11 BMC RES NOTES 583 (2018). Hiromasa Ueno, et al., *The Potential Relationship Between Leg Bone Length and Running Performance in Well-Trained Endurance Runners*, 70 J HUM KINET 165 (2019). Hiromasa Ueno, et al., *Association between Forefoot Bone Length and Performance in Male Endurance Runners*, 39 INT J SPORTS MED 275 (2018). Building upon the information from Fessler (2005) and Wunderlich (2001), these studies collectively illustrate that the length of the bones in the foot and lower leg can contribute to successful competitive running performance, which likely gives men a performance advantage over women in running due to the differences in lower limb sizes described by Fessler et al. (2005) and Wunderlich and Cavanaugh (2001).

l. The seventeenth resource I cite is Louis Gooren, *The Significance of Testosterone for Fair Participation of the Female Sex in Competitive Sports*, 13 ASIAN J. OF ANDROLOGY 653 (2011). This article highlights specific research that indicates pubertal testosterone increases result in significant physiological advantages for men and adolescent boys, compared to women and adolescent girls, after the onset of male puberty.

m. The eighteenth resource I cite is Taryn Knox, Lynley C. Anderson, et al., *Transwomen in Elite Sport: Scientific & Ethical Considerations*, 45 J. MED ETHICS 395 (2019). This article confirms from available science that higher testosterone levels provide an all-purpose benefit in sport, and that the current International Olympic Guidelines rule requiring males who identify as transgender to keep testosterone levels

under 10 nmol/L for one year does not eliminate (or even come close to eliminating) the performance advantage of their male physiology.

n. The nineteenth resource I cite is Louis J. G. Gooren & Mathijs C. M. Bunck, *Transsexuals & Competitive Sports*, 151 EUROPEAN J. OF ENDOCRINOLOGY 425 (2004). This article analyzes results from a study that compared pretreatment physiological measurements in 17 female-to-male transsexuals with the measurements after one year of cross-sexual treatment in 19 male-to-female transsexuals undergoing sex reassignment therapy. The results in part confirmed that androgen deprivation in male-to-female transsexuals decreases muscle mass to some extent but does not eliminate the male muscular advantage and does not reverse certain other effects of androgenization that had occurred during male puberty.

o. The twentieth resource I cite is Anna Wiik et al., *Muscle Strength, Size, and Composition Following 12 Months of Gender-affirming Treatment in Transgender Individuals*, J. CLIN. METAB., 105(3):e805-e813 (2020). This article analyzes the impact of (a) suppression of endogenous hormones and (b) hormone replacement therapy on metrics of transgender individuals including strength, muscle size, and radiological density. After 12 months, strength in male-to-female subjects did not decrease, and muscle volume remained higher in male-to-female subjects than in female-to-male subjects after the latter subjects had undergone 12 months of testosterone injections.

p. The twenty-first resource I cite is Miranda Scharff et al., *Change in Grip Strength in Trans People and Its Association with Lean Body Mass and Bone Density*, ENDOCRINE CONNECTIONS (2019) 8, 1020-1028. This article measured grip strength and multiple parameters of lean body mass and bone density in both male-to-female and

female-to-male populations across their first year of hormone therapy. After 12 months, "the median grip strength in [male-to-female] subjects still [fell] into the 95th percentile for age-matched females."

q. The twenty-second resource I cite is Johanna Harper. *Race Times for Transgender Athletes.* J Sporting Cultures and Identities 6 (2019) 1. This article is oft cited as evidence supporting a lack of performance advantage for male-to-female transgender athletes. Herein I provide a critique of the methodological shortcomings of this study for the purpose of demonstrating the extreme lack of scientific validity or reliability of the results.

21. I explain my opinions and the results of these studies in more detail below.

Opinions

I. Biological men or boys have an advantage over women or girls, in almost all athletic contests.

22. As one team of researchers has recently written, "Virtually all elite sports are segregated into male and female competitions. The main justification is to allow women a chance to win, as women have major disadvantages against men who are, on average, taller, stronger, and faster and have greater endurance due to their larger, stronger, muscles and bones as well as a higher circulating hemoglobin level." David J. Handelsman, Angelic L. Hirschberg, et al., *Circulating Testosterone as the Hormonal Basis of Sex Differences in Athletic Performance*, 39:5 ENDOCRINE REVIEWS 803 (2018).

23. In fact, biological men, and adolescent boys, substantially outperform comparably aged women, and adolescent girls, in competitions involving running speed, swimming speed, cycling speed, jumping height, jumping distance, and strength (to name a few, but not all, of the

performance differences). These performance advantages for men, and adolescent boys, are inherent to the biological differences between the sexes and are not due to social or cultural factors, as evidenced by minimal to no change in the percentage differences between males and females in world class and record setting performances in the past 40 years. In addition, a number of studies indicate that males' athletic advantages over females begin before puberty, and may be apparent as early as six years of age.

24. I highlight below key findings about male performance advantages from eighteen studies or datasets.

A. David J. Handelsman, Angelica L. Hirschberg, et al., *Circulating Testosterone as the Hormonal Basis of Sex Differences in Athletic Performance*, 39:5 ENDOCRINE REVIEWS 803 (2018):

25. The Handelsman et al. (2018) authors demonstrate a consistent pattern of divergence of athletic performance, in favor of males, across the years of puberty and strongly correlating to increasing testosterone levels in adolescent males. The pattern is observed in events exercising a variety of muscle systems. In sum, the Handelsman et al. (2018) authors report: "Corresponding to the endogenous circulating testosterone increasing in males after puberty to 15 to 20 nmol/L (sharply diverging from the circulating levels that remain <2 nmol/L in females), male athletic performances go from being equal on average to those of age-matched females to 10% to 20% better in running and swimming events, and 20% better in jumping events." (812)

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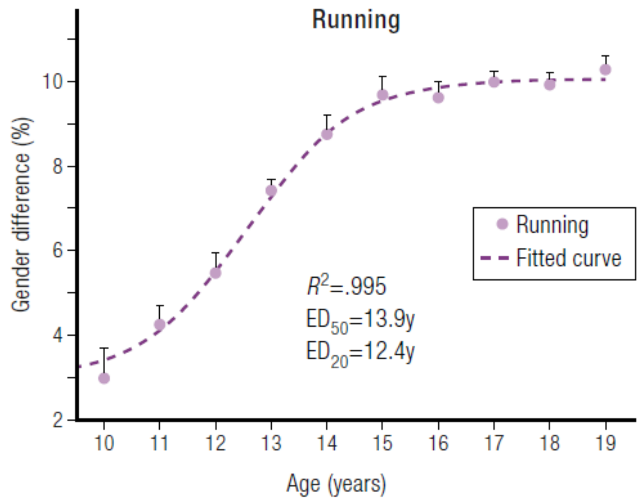
26. Taken from Handelsman's Figure 1, the chart below indicates "sex differences in performance (in percentage) according to age (in years) in running events, including 50m to 2 miles." (813)



27. Taken from Handelsman's Figure 1, the chart below indicates "sex differences in performance (in percentage) according to age (in years) … in jumping events, including high jump, pole vault, triple jump, long jump, and standing jump." (813)

28. Taken from Handelsman's Figure 1, the chart below indicates "a fitted sigmoidal curve plot of sex differences in performance (in percentage) according to age (in years) in running, jumping, and swimming events, as well as the rising serum testosterone concentrations from a large dataset of serum testosterone of males. Note that in the same dataset, female serum testosterone concentrations did not change over those ages, remaining the same as in prepubertal

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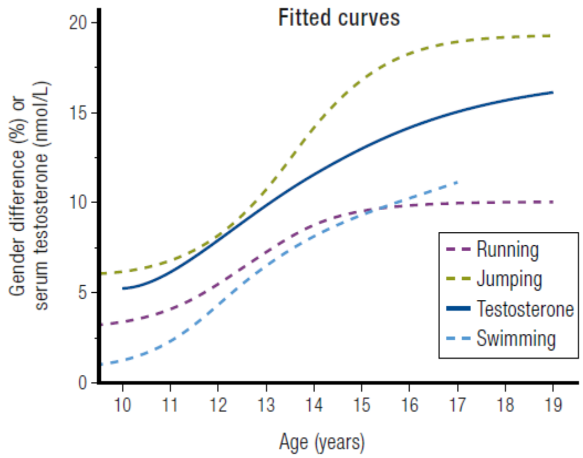
boys and girls. Data are shown as mean and SEM of the pooled sex differences by age." (813)



29. These authors also note the significance, for athletic competition, of the subjective nature of "gender identity" in current understanding: "Prompted by biological, personal, and societal factors, volitional expression of gender can take on virtually any form limited only by the imagination, with some individuals asserting they have not just a single natal gender but two genders, none, a distinct third gender, or gender that varies (fluidly) from time to time…." For this reason, the authors conclude: "[I]f gender identity were the basis for eligibility for female sports, an athlete could conceivably be eligible to compete at the same Olympics in both female and male events. These features render the unassailable personal assertion of gender identity incapable of forming a fair, consistent sex classification in elite sports." (804)

B. Valérie Thibault, Marion Guillaume, et al., *Women & Men in Sport Performance: The Gender Gap has not Evolved Since 1983*, 9 J. OF SPORTS SCIENCE & MEDICINE 214 (2010):

30. The Thibault et al. (2010) authors note that there was a large but narrowing sex-based performance gap between men's and women's Olympic athletic performances before 1983, which could hypothetically be attributed to a combination of social, political, or other non-physiological reasons, in addition to physiological reasons. However, "the gender gap in

Olympic sport performance has been stable since 1983" (219) "at a mean difference of 10.0% ± 2.94 between men and women for all [Olympic] events." (222)

31. Since then, even when performances improve, the "progressions are proportional for each gender." (219-20)

32. The results of this study "suggest that women's performances at the high level will never match those of men" (219) and that "women will not run, jump, swim or ride as fast as men." (222) The authors conclude that this gap, now stable for 30+ years, is likely attributable to physiology, and thus that "[s]ex is a major factor influencing best performances and world records." (222)

33. Breaking these performance advantages out by event, the authors report the following sex-based performance gaps in Olympic sport competitions since 1983:

a. "The gender gap ranges from 5.5% (800-m freestyle, swimming) to 36.8% (weightlifting)." (222)

b. Olympic world records in running events indicate that men perform "10.7% (± 1.85)" better than women since gender gap stabilization. (217)

c. Olympic world records in jumping events indicate that men perform "17.5% (± 1.11)" better than women since gender gap stabilization. (217)

d. Olympic world records in swimming events indicate that men perform "8.9 % (± 1.54)" better than women since gender gap stabilization. (218)

e. Olympic world records in cycling sprint events indicate that men perform "6.95% (± 0.16)" better than women since gender gap stabilization. (219)

f. Olympic world records in weightlifting events indicate that men perform "36.8% (± 6.2)" better than women since gender gap stabilization. Note that the

Olympics first introduced women's weightlifting events in 1998, and "no breakpoint date has been detected yet." (219)

34. "The top ten performers' analysis reveals a similar gender gap trend with a stabilization in 1982 at 11.7%" when averaged across all events. (222)

C. Beat Knechtle, Pantelis T. Nikolaidis, et al., *World Single Age Records in Running from 5 km to Marathon*, 9 FRONTIERS IN PSYCHOLOGY 1 (2013):

35. A comparison of performances in races of a variety of distances showed that "[i]n all races, women were significantly slower than men. The estimated sex differences … were increasing" as race distances increased from 8 km.[1]

D. Romuald Lepers, Beat Knechtle, et al., *Trends in Triathlon Performance: Effects of Sex & Age*, 43 SPORTS MED 851 (2013):

36. Based on data from a variety of elite triathlon and ultra-triathlon events spanning 22 years, the Lepers et al. (2013) authors reported that "elite males appear to run approximately 10–12 % faster than elite females across all endurance running race distances up to marathon, with the sex difference narrowing as the race distance increases. However, at distances greater than 100 km, such as the 161-km ultramarathon, the difference seems even larger, with females 20–30 % slower than males." (853)

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[1] Throughout this declaration, in the interest of readability I have omitted internal citations from my quotations from the articles I cite. The sources cited by these authors may of course be found by reference to those articles.

37. Lepers and Knechtle Table 1 below shows the "[m]ean sex differences in time performance for swimming, cycling, running and total time at different national and international triathlons." (854)

Event	Sex difference in time performance (%)			
	Swim	Cycle	Run	Total
Short distance (1.5–40–10 km): [30, 79]				
Zurich (Switzerland) from 2000 to 2010				
Top five elite overall	15.2	13.4	17.1	14.8
Top five AG, from 18 to 54 years	18.5	15.5	18.5	17.1
World Championship from 2009 to 2011				
Top ten AG, from 18 to 64 years	13.3	10.7	7.5	12.0
Half Ironman (1.9–90–21 km): [31, 79]				
Rapperswil (Switzerland) from 2007 to 2010				
Top five elite overall	14.1	12.3	12.5	12.6
Top five AG, from 18 to 54 years	22.3	16.4	19.2	17.6
World Championship from 2009 to 2011				
Top ten AG, from 18 to 64 years	12.4	11.2	14.5	12.6
Off-road triathlon (1.5–30–10 km): [9]				
World championship (Maui, USA) from 2007 to 2009				
Top ten elite overall	12.4	19.6	18.4	18.2
Ironman (3.8–180–42 km): [2, 32, 34]				
World championship (Kona, Hawaii, USA) from 1988 to 2007				
Top ten elite overall	9.8	12.7	13.3	12.6
Top ten AG, from 18 to 64 years	12.1	15.4	18.2	15.8
Zurich (Switzerland) from 1995 to 2010				
Top ten elite overall	14.0	13.2	18.2	14.9

38. "[F]or ultratriathlons, it has been shown that with increasing length of the event, the best females became relatively slower compared with the best males. Indeed, if the world's best performances are considered, males were 19 % faster than the females in both Double and Triple Ironman distance, and 30 % faster in the Deca-Ironman distance." (854)

39. "The average sex difference in swimming performance during triathlon for race distances between 1.5 and 3.8 km ranged between approximately 10 and 15 % for elite triathletes." (854)

40. Lepers and Knechtle Table 2 below shows the "[m]ean percentage differences in times for swimming, cycling, running and total event between the top ten females and males … in 2012 at four international triathlons:" (855)

Event	Sex difference in performance in top ten athletes in 2012 (mean ± SD)			
	Swim	Cycle	Run	Total
Hawaii Ironman Triathlon (3.8–180–42 km)	14.1 ± 7.9	13.1 ± 2.3	7.3 ± 2.9	11.3 ± 0.5
Olympics Triathlon (1.5–40–10 km) with drafting	11.8 ± 2.0	11.3 ± 0.6	14.7 ± 0.8	14.1 ± 7.9
Hy-Vee Triathlon (1.5–40–10 km) without drafting	8.6 ± 4.8	10.2 ± 3.5	8.6 ± 4.4	9.3 ± 0.5
World Championship Off-Road Triathlon (1.5–30–10 km)	15.2 ± 15.5	22.6 ± 4.4	15.1 ± 6.7	17.3 ± 2.9

41. "[T]he sex difference in performance between the best male and female ultraswimmers is more generally close to 11–12 %, which corresponds to values observed for swimming in triathlon." (855)

42. "Sex differences in triathlon cycling vary from 12 to 16% according to the level of expertise of participating triathletes for road-based triathlons." (855)

43. "In track cycling, where females are generally weaker than males in terms of power/weight ratios, the performance gap between males and females appears to be constant (<11 %) and independent of the race distance from 200 to 1,000 m." (855)

44. "In ultra-cycling events, such as the 'Race Across America,' sex difference in performance was around 15 % among top competitors. Greater muscle mass and aerobic capacity in males, even expressed relative to the lean body mass, may represent an advantage during long-distance cycling, especially on a relatively flat course such as Ironman cycling, where cycling approximates to a non-weight-bearing sport. Indeed, it has been shown that absolute power output (which is greater for males than for females) is associated with successful cycling

endurance performance because the primary force inhibiting forward motion on a flat course is air resistance." (855-56)

45. "Interestingly, for elite triathletes, the sex difference in mountain bike cycling during off-road triathlon (<20 %) is greater than cycling sex differences in conventional road-based events. Mountain biking differs in many ways from road cycling. Factors other than aerobic power and capacity, such as off-road cycling economy, anaerobic power and capacity, and technical ability might influence off-road cycling performance. Bouts of high-intensity exercise frequently encountered during the mountain biking leg of off-road triathlon (lasting <1 h 30 min for elite males and <2 h for elite females) can result from (1) having to overcome the constraints of gravity associated with steep climbs, (2) variable terrain necessitating wider tires and thus greater rolling resistance, and (3) isometric muscle contractions associated with the needs of more skilled bike-handling skills, not so often encountered in road cycling. However, in particular, lower power-to-weight ratios for female than for male triathletes inevitably leave them at a disadvantage during steep climbs." (856)

46. "During the 1988–2007 period, the top ten elite males have run the Hawaii Ironman marathon on average 13.3 % faster than the top ten females." (856)

E. Espen Tønnessen, Ida Siobhan Svendsen, et al., *Performance Development in Adolescent Track & Field Athletes According to Age, Sex & Sport Discipline*, 10:6 PLoS ONE 1 (2015):

47. While both sexes increase performance across the teen years, the Tønnessen et al. (2015) authors found performance advantages for male athletes associated with the onset of puberty and becoming increasingly larger across the years of puberty, in a chronological progression that was closely similar across diverse track and field events.

48. “The current results indicate that the sex difference evolves from < 5% to 10–18% in all the analyzed disciplines from age 11 to 18 yr. The gap widens considerably during early adolescence before gradually stabilizing when approaching the age of 18. This evolution is practically identical for the running and jumping disciplines. The observed sex differences at the age of 18 are in line with previous studies of world-class athletes where a sex difference of 10–12% for running events and ~19% for jumping events has been reported.” (8)

49. “Male and female athletes perform almost equally in running and jumping events up to the age of 12. Beyond this age, males outperform females. Relative annual performance development in females gradually decreases throughout the analyzed age period. In males, annual relative performance development accelerates up to the age of 13 (for running events) or 14 (for jumping events) and then gradually declines when approaching 18 years of age. The relative improvement from age 11 to 18 was twice as high in jumping events compared to running events. For all of the analyzed disciplines, overall improvement rates were >50% higher for males than for females. The performance sex difference evolves from < 5% to 10-18% in all the analyzed disciplines from age 11 to 18 yr.” (1)

50. “Recent studies of world-class athletes indicate that the sex difference is 10–12% for running events and ~19% for jumping events.” (2)

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51. Tønnessen and Svendsen's Table 1 below shows the "[e]xpected progressions in running and jumping performance for 11-18 [year] old males and females," as deduced from "[t]he 100 all-time best Norwegian male and female 60-m, 800-m, long jump and high jump athletes in each age category . . . ." (1, 4)

Table 1. Expected progressions in running and jumping performance for 11–18 yr old males and females.

Age *(yr)*	60 m		800 m		Long Jump		High Jump	
	Boys *Progression (s and %)*	Girls *Progression (s and %)*	Boys *Progression (s and %)*	Girls *Progression (s and %)*	Boys *Progression m (%)*	Girls *Progression m (%)*	Boys *Progression m (%)*	Girls *Progression m (%)*
11–12	-0.35 (4.1)	-0.35 (4.0)	-6.4 (4.4)	-7.3 (4.8)	+0.35 (7.4)	+0.36 (7.9)	+0.11 (7.4)	+0.10 (7.2)
12–13	-0.48 (5.8)	-0.25 (2.9)	-8.7 (6.2)	-5.5 (3.8)	+0.43 (8.6)	+0.30 (6.0)	+0.12 (7.9)	+0.09 (6.3)
13–14	-0.29 (3.7)	-0.16 (2.0)	-5.9 (4.5)	-3.6 (2.6)	+0.50 (9.0)	+0.21 (4.1)	+0.13 (8.1)	+0.06 (3.6)
14–15	-0.10 (1.3)	-0.02 (0.2)	-5.2 (4.1)	-2.2 (1.6)	+0.34 (5.6)	+0.13 (2.4)	+0.08 (4.3)	+0.04 (2.4)
15–16	-0.17 (2.3)	-0.08 (1.0)	-3.2 (2.7)	-1.6 (1.2)	+0.28 (4.4)	+0.10 (1.8)	+0.07 (3.6)	+0.03 (1.8)
16–17	-0.10 (1.4)	-0.07 (0.8)	-2.3 (1.9)	-1.5 (1.2)	+0.19 (2.9)	+0.06 (1.1)	+0.05 (2.5)	+0.01 (0.6)
17–18	-0.05 (0.7)	-0.02 (0.2)	-1.5 (1.4)	-0.6 (0.4)	+0.17 (2.5)	+0.02 (0.4)	+0.04 (1.9)	+0.01 (0.5)

Data are mean (standard deviation) for top 100 Norwegian male and female performers in each discipline.

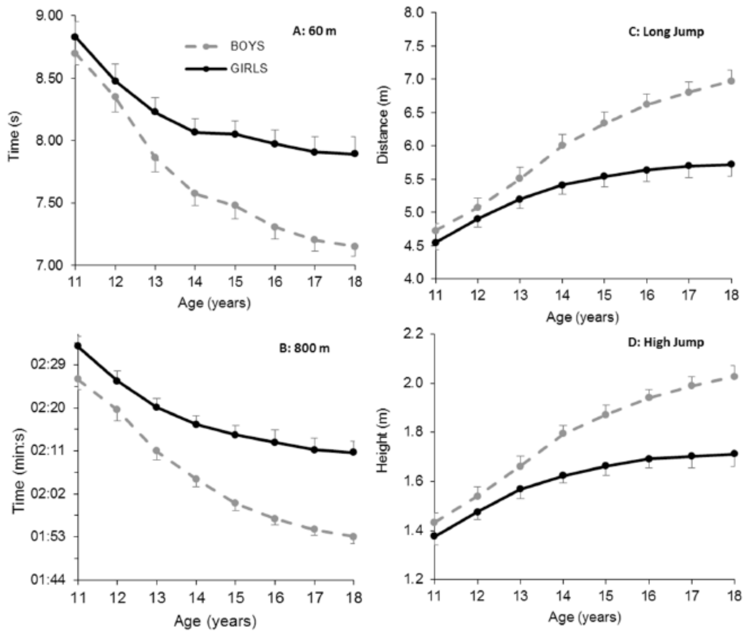
52. Tønnessen and Svendsen's Table 2 below shows the "[s]ex ratio in running and jumping performance for 11-18 [year] old males and females," as deduced from "[t]he 100 all-time best Norwegian male and female 60-m, 800-m, long jump and high jump athletes in each age category . . . ." (1, 6)

Table 2. Sex ratio in running and jumping performance for 11–18 yr old males and females.

	60 m	*800 m*	*Long Jump*	*High Jump*
11	0.99	0.95	0.96	0.97
12	0.98	0.96	0.97	0.96
13	0.96	0.93	0.94	0.95
14	0.94	0.92	0.90	0.90
15	0.93	0.89	0.87	0.89
16	0.92	0.88	0.85	0.87
17	0.91	0.87	0.84	0.85
18	0.91	0.86	0.82	0.84

Data are calculated from mean results of top 100 Norwegian male and female performers in each discipline.

53. Tønnessen and Svendsen's Figure 1 below shows "[p]erformance development from age 11 to 18 in running and jumping disciplines. Data are mean ± [standard deviation] for 60 m, 600 m, long jump, and high jump for top 100 Norwegian male and female performers in



each discipline:" (4)

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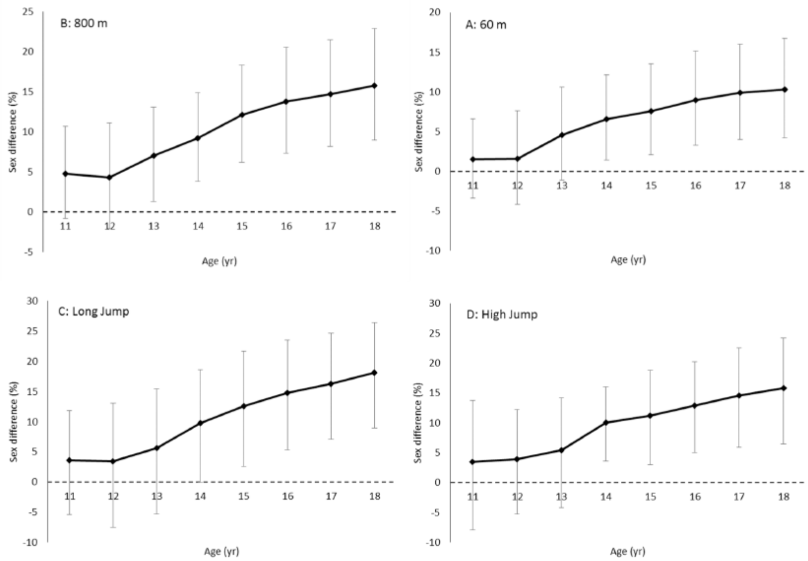
54. Tønnessen and Svendsen's Figure 3 below shows the "[s]ex difference for performance in running and jumping disciplines from age 11 to 18. Data are mean and 95% [confidence intervals] for 60 m, 600 m, long jump, and high jump for top 100 Norwegian male and female performers in each discipline:" (6)



55. As for the 60m race, the tables and charts above illustrate:

a. "[B]oys improve 0.3–0.5 [seconds] over 60 m sprint each year up to the age of 14 [years] (very large to nearly perfect annual effect), 0.1–0.2 [seconds] annually from 14 to 17 [years] (moderate to large annual effect), and 0.05 [seconds] from age 17 to 18 [years] (moderate effect). Relative annual improvement peaks between 12 and 13 [years] (5.8%; nearly perfect effect), and then gradually declines to 0.7% between age 17 and 18 [years] (moderate effect)." (3)

b. "On average, boys improve their 60 m performance by 18% from age 11 to 18 [years]. Girls improve 0.35 [seconds] over 60 m from age 11 to 12 [years] (4%; very large effect). Then, absolute and relative annual improvement gradually slows and almost plateaus between age 14 and 15 (0.02 s; 0.2%; trivial effect). From age 15 to 17,

annual improvement increases somewhat to 0.07–0.08 [seconds] (~1%; moderate effect) before plateauing again between age 17 and 18 (0.02 s; 0.2%; trivial effect). In total, girls improve their 60-m performance by 11% from age 11 to 18 [years]…. [T]he sex difference for 60 m sprint evolves from 1.5% at age 11 to 10.3% at the age of 18…. [T]he sex ratio for 60 m running performance develops from 0.99 at age 11 to 0.91 at age 18." (4-5)

56. As for the 800m race, the tables and charts above illustrate:

a. "[B]oys improve 6–9 [seconds] over 800 m each year up to age 14 [years] (very large to nearly perfect annual effect). Relative annual improvement peaks between age 12 and 13 (6.2%; nearly perfect effect), then gradually decreases to 1.5 [seconds] between age 17 and 18 (1.4%; moderate effect)." (5)

b. "On average, boys enhance their 800-m performance by 23% from age 11 to 18. For girls, both absolute and relative annual performance development gradually decreases across the analysed age stages. The improvement is slightly above 7 [seconds] between age 11 and 12 [years] (4.8%: very large effect), decreasing to only 0.6 [seconds] from age 17 to 18 (0.4%; small effect)…. [G]irls enhance their 800-m performance by 15% from age 11 to 18. The 800 m performance sex difference evolves from 4.8% at the age of 11 to 15.7% at the age of 18…. [T]he sex ratio for 800 m running performance develops from 0.95 at age 11 to 0.86 at age 18." (5)

57. As for the long jump, the tables and charts above illustrate:

a. "[A]nnual long jump improvement among boys gradually increases from 35 cm between age 11 and 12 [years] (7.4%; very large effect) to 50 cm between age 13

and 14 (9%; very large effect). Both absolute and relative annual development then gradually falls to 17 cm between age 17 and 18 (2.5%; moderate effect).” (5)

b. “[B]oys, on average, improve their long jump performance by 48% from age 11 to 18 yr. For girls, both absolute and relative annual performance enhancement gradually falls from age 11 to 12 [years] (36 cm; 7.9%; very large effect) until nearly plateauing between 17 and 18 [years] (2 cm; 0.4%; trivial effect). Overall, girls typically improve their long jump performance by 26% throughout the analysed age stages. The sex difference in long jump evolves from 3.6% at the age of 11 to 18% at the age of 18…. [T]he sex ratio for long jump performance develops from 0.96 at age 11 to 0.82 at age 18.” (5)

58. As for the high jump, the tables and charts above illustrate:

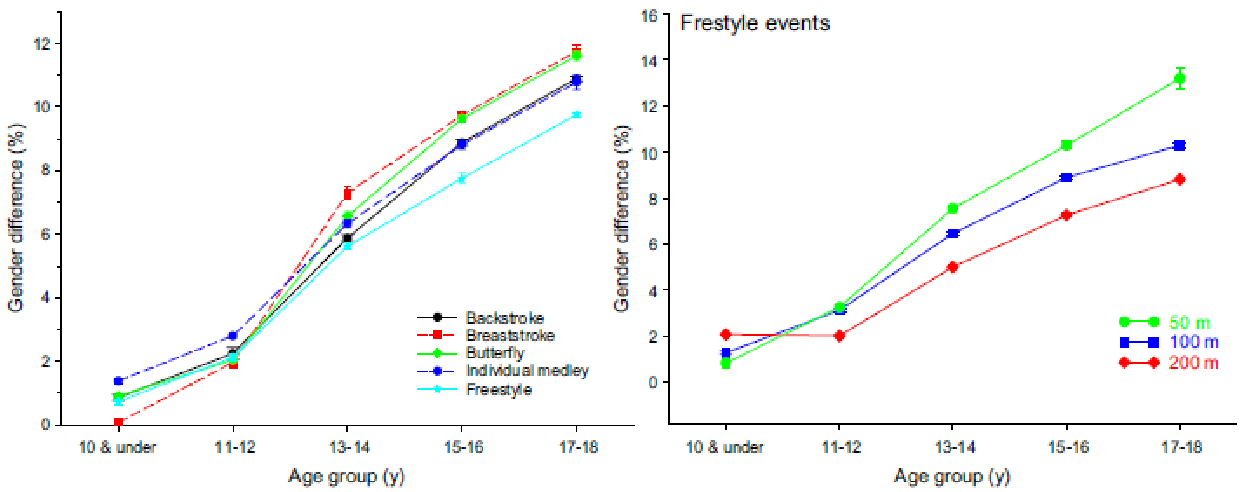
a. “[B]oys improve their high jump performance by 11–13 cm each year up to the age of 14 (7–8%; very large annual effects). Both absolute and relative annual improvement peaks between age 13 and 14 (13 cm; 8.1%; very large effect), then gradually decreases to 4 cm from age 17 to 18 (1.9%; moderate annual effect).” (6)

b. “Overall, boys improve their high jump performance by, on average, 41% from age 11 to 18. For girls, both absolute and relative annual improvement decreases from 10 cm from age 11 to 12 [years] (7.2%; very large effect) until it plateaus from age 16 (1 cm; ~0.5%; small annual effects). Overall, girls typically improve their high jump performance by 24% from age 11 to 18. The sex difference in high jump performance evolves from 3.5% at the age of 11 to 16% at the age of 18…. [T]he sex ratio for high jump performance develops from 0.97 at age 11 to 0.84 at age 18.” (6-7)

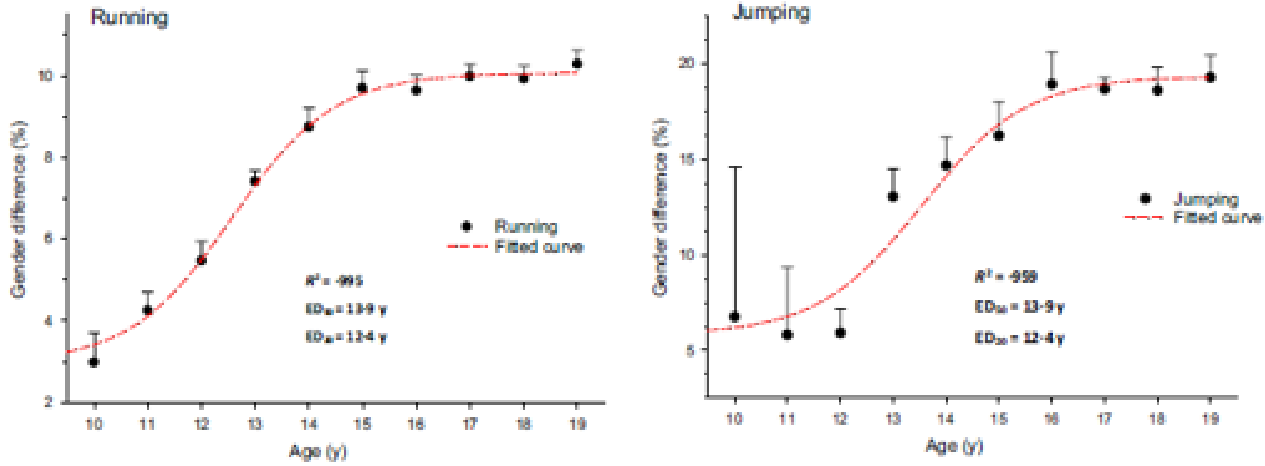
F. David J. Handelsman, *Sex Differences in Athletic Performance Emerge Coinciding with the Onset of Male Puberty*, 87 CLINICAL ENDOCRINOLOGY 68 (2017):

59. Analyzing four separate studies, Handelsman (2017) found very closely similar trajectories of divergence of athletic performance between the sexes across the adolescent years, in all measured events.

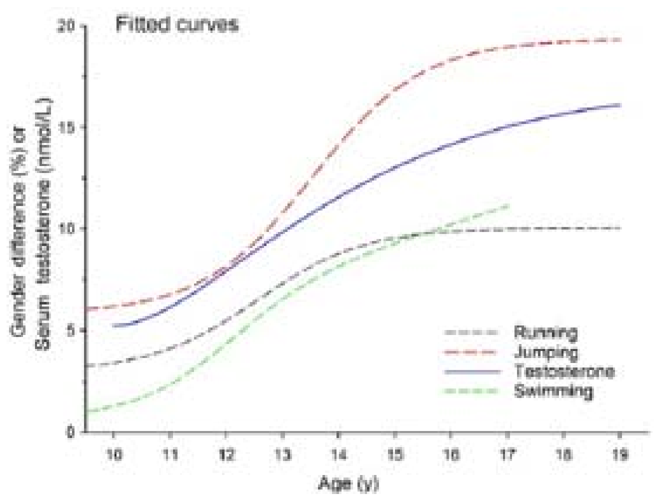
60. As illustrated by Figure 1 of Handelsman (2017) below, study results showed that "[i]n swimming performance, the overall gender differences were highly significant . . . ." (69)



61. As illustrated by Figure 2 of Handelsman (2017) below, "[i]n track and field athletics, the effects of age on running performance showed that the prepubertal differences of 3.0% increased to a plateau of 10.1% with an onset (ED_{20}) at 12.4 years and reaching midway (ED_{50}) at 13.9 years. For jumping, the prepubertal difference of 5.8% increased to 19.4% starting at 12.4 years and reaching midway at 13.9 years." (70)



62. As also illustrated in Figure 2 of Handelsman (2017), the author found a strong correlation between the increasing male performance advantage and blood serum testosterone levels, and reported: "The timing of the male advantage in running, jumping and swimming was similar [across events] and corresponded to the increases in serum testosterone in males." (70)



G. Moran Gershoni & Shmuel Pietrokovski, *The landscape of sex-differential transcriptome and its consequent selection in human adults*, 15 BMC BIOL 7 (2017):

63. The authors of this article evaluated "18,670 out of 19,644 informative protein-coding genes in men versus women" (2) and reported that "there are over 6500 protein-coding

genes with significant S[ex-]D[ifferential]E[xpression] in at least one tissue. Most of these genes have SDE in just one tissue, but about 650 have SDE in two or more tissues, 31 have SDE in more than five tissues, and 22 have SDE in nine or more tissues." (2) Some examples of tissues identified by these authors that have SDE genes include breast mammary tissue, skeletal muscle, skin, thyroid gland, pituitary gland, subcutaneous adipose, lung, and heart left ventricle. Based on these observations the authors state "As expected, Y-linked genes that are normally carried only by men show SDE in many tissues." (3) This evaluation of SDE in protein coding genes helps illustrate that the differences between men and women are intrinsically part of the chromosomal and genetic makeup of humans which can influence many tissues that are inherent to the athletic competitive advantages of men compared to women.

H. K. M. Haizlip, et al., Sex-based differences in skeletal muscle kinetics and fiber-type composition, 30 PHYSIOLOGY (BETHESDA) 30 (2015):

64. In a review of 56 articles on the topic of sex-based differences in skeletal muscle, the authors state that "More than 3,000 genes have been identified as being differentially expressed between male and female skeletal muscle []." (30) Furthermore, the authors state that "Overall, evidence to date suggests that skeletal muscle fiber-type composition is dependent on species, anatomical location/function, and sex." (30) The differences in genetic expression between males and females influence the skeletal muscle fiber composition (i.e. fast twitch and fast twitch sub-type and slow twitch), the skeletal muscle fiber size, the muscle contractile rate, and other aspects of muscle function that influence athletic performance. As the authors review the differences in skeletal muscle between males and females they conclude "Additionally, all of the fibers measured in men have significantly larger cross-sectional areas (CSA) compared with women []." (31) The authors also explore the effects of thyroid hormone, estrogen, and

testosterone on gene expression and skeletal muscle function in males and females. One major conclusion by the authors is that "The complexity of skeletal muscle and the role of sex adding to that complexity cannot be overlooked." (37).

I. Konstantinos D. Tambalis, et al., Physical fitness normative values for 6-18-year-old Greek boys and girls, using the empirical distribution and the lambda, mu, and sigma statistical method, 16 EUR J SPORT SCI 736 (2016). Mark J. Catley & G. R. Tomkinson, Normative health-related fitness values for children: analysis of 85347 test results on 9-17-year-old Australians since 1985, 47 BR J SPORTS MED 98 (2013). Grant R. Tomkinson, et al., *European normative values for physical fitness in children and adolescents aged 9-17 years: results from 2 779 165 Eurofit performances representing 30 countries*. 52 Br J Sports Med. 1445 (2018):

65. The purpose in citing these sources is to illustrate that males possess physical fitness traits that likely provide an advantage in athletic performance, that these male advantages may be apparent in children starting as young as six years of age, and in agreement with previously cited sources the differences become more apparent at the onset of puberty.

66. Tambalis et al. (2016) states that "based on a large data set comprising 424,328 test performances" (736) using standing long jump to measure lower body explosive power, sit and reach to measure flexibility, timed 30 second sit ups to measure abdominal and hip flexor muscle endurance, 10 X 5 meter shuttle run to evaluate speed and agility, and multi-stage 20 meter shuttle run test to estimate aerobic performance (738) "For each of the fitness tests, performance was better in boys compared with girls ($p < 0.001$), except for the S[it and] R[each] test ($p < 0.001$)." (739) In order to illustrate that the findings of Tambalis (2016) are not unique to children in Greece, the authors state "Our findings are in accordance with recent studies from Latvia [ ] Portugal [ ] and Australia [Catley & Tomkinson (2013)].(744)

67. Catley & Tomkinson (2013) observed that "Boys consistently scored higher than girls on health-related fitness tests, except on the sit-and-reach test, with the magnitude of the

differences typically increasing with age and often accelerating from about 12 years of age. Overall, the magnitude of differences between boys and girls was large for the 1.6 km run, 20 m shuttle run, basketball throw and push-ups; moderate for the 50-m sprint, standing broad jump and sit-and-reach; and small for sit-ups and hand-grip strength." (106)

68. Evaluating performance on the "Eurofit tests (measuring balance, muscular strength, muscular endurance, muscular power, flexibility, speed, speed-agility and cardiorespiratory fitness)" in "2,779,165 results on children and adolescents [ages 9-17 years] from 30 European countries" Tomkinson et al. (2018) observed that "On average, boys performed substantially better than girls at each age group on muscular strength (E[ffect]S[ize]: large), muscular power (E[ffect]S[ize]: large), muscular endurance (E[ffect]S[ize]: moderate to large), speed-agility (E[ffect]S[ize]: moderate) and C[ardio]R[espiratory]F[itness] (E[ffect]S[ize]: large) tests, with the magnitude of the sex-specific differences increasing with age and accelerating from about 12 years"" (1451). Given the number of subjects analyzed and that the data represent 30 different European countries, these findings particularly highlight the sex related differences in athletic performance potential between boys and girls both before and during adolescence.

J. Daniel M. Fessler, et al., *Sexual dimorphism in foot length proportionate to stature*, 32 ANN HUM BIOL 44 (2005). Roshna E. Wunderlich & P. R. Cavanagh, *Gender differences in adult foot shape: implications for shoe design*, 33 MED SCI SPORTS EXERC (2001):

69. Combined, these two articles evaluate and demonstrate clear differences in the foot length and structure of men and women. Of relevance to the case at hand is that to the best of my knowledge, no data are available demonstrating that male-to-female transgender hormone or surgical treatment alters the inherent sex related difference in foot structure.

70. Fessler et al. (2005) observes that "female foot length is consistently smaller than male foot length" (44) and conclude that "proportionate foot length is smaller in women"(51) with an overall conclusion that "Our analyses of genetically disparate populations reveal a clear pattern of sexual dimorphism, with women consistently having smaller feet proportionate to stature than men." (53)

71. Wunderlich & Cavanaugh (2001) observe that "a foot length of 257 mm represents a value that is … approximately the 20th percentile men's foot lengths and the 80th percentile women's foot lengths." (607) and "For a man and a woman, both with statures of 170 cm (5 feet 7 inches), the man would have a foot that was approximately 5 mm longer and 2 mm wider than the woman" (608). Based on these, and other analyses, they conclude that "female feet and legs are not simply scaled-down versions of male feet but rather differ in a number of shape characteristics, particularly at the arch, the lateral side of the foot, the first toe, and the ball of the foot." (605)

K. Daichi. Tomita, et al., *A pilot study on the importance of forefoot bone length in male 400-m sprinters: is there a key morphological factor for superior long sprint performance?*, 11 BMC RES NOTES 583 (2018). Hiromasa Ueno, et al., *The Potential Relationship Between Leg Bone Length and Running Performance in Well-Trained Endurance Runners*, 70 J HUM KINET 165 (2019). Hiromasa Ueno, et al., *Association between Forefoot Bone Length and Performance in Male Endurance Runners*, 39 INT J SPORTS MED 275 (2018):

72. As men have longer feet and legs than women as part of their overall larger body stature, collectively these articles build upon the work of Fessler et al. (2005) and Wunderlich & Cavanaugh (2001) by providing some evidence that "morphological factors such as long forefoot bones may play an important role in achieving superior long sprinting performance" (Tomito, 583), "longer forefoot bones may be advantageous for achieving higher running performance in

endurance runners" (Ueno 2018, 275)" and "the leg bone length, especially of the tibia, may be a potential morphological factor for achieving superior running performance in well-trained endurance runners." (Ueno 2019, 165)

L. International Weightlifting Federation "World Records"

73. I accessed weightlifting records as posted by the International Weightlifting Federation at https://www.iwf.net/results/world-records/. The records collected below are as of November 1, 2019.

74. As the chart below illustrates, junior men's and women's world records (age 15-20) for clean and jerk lifts indicate that boys or men perform better than girls or women even when they are matched for body mass. Similar sex differences can be found for the snatch event on the International Weightlifting Federation website.

Junior Men's and Women's World Records (ages 15-20) for Clean and Jerk			
Men's weight (kg)	Record (kg)	Women's weight (kg)	Record (kg)
56	171	58	142
62	183	63	147
69	198	69	157
77	214	75	164
85	220	90	160
94	233	+90	193

M. Selected Results from the 2019 NCAA Division 1 and Division 2 Track & Field Championships

75. I accessed the results for the NCAA 2019 Division 1 Track and Field Championships at https://www.flotrack.org/results/6515701-2019-D1-ncaa-outdoor-championships/26635 on May 14, 2020. I also accessed the results for the NCAA Divisions 2 Track and Field Championships at http://leonetiming.com/2019/Outdoor/NCAAD2/Results.htm on May 14, 2020.

76. A shown in the table below, in this small sampling of Track & Field events at the elite collegiate level of Division 1, the men's eighth place finisher and often all 24 men's qualifiers, outperformed the first place women's athlete in the same event. Furthermore, at the Division 2 level, which is arguably a less elite level of performance than Division 1, in most (if not all) events, the top eight men's finishers outperformed the first place division 1 woman in the same event.

Comparison of selected performance in Men's and Women's events in the 2019 NCAA Division 1 and Division 2 Track and Field Championships.		
100 meter run (seconds)		
D1 Women	D1 Men	D2 Men
10.75	9.86	10.17
10.95	9.93	10.22
10.98	9.97	10.32
11.00	10.01	10.38
11.02	10.06	10.47
11.04	10.06	10.48
11.12	10.12	10.53
11.65	10.12	FS
D1 Men's slowest time in 100 m prelims: 10.67 (23rd place; 24th place DNS)		
D1 Women's fastest time in 100 m prelims: 10.99		
1500 m run (minutes: seconds)		
D1 Women	D1 Men	D2 Men
4:05.98	3:41.39	3:58.24
4:06.27	3:41.39	3:58.74
4:11.96	3:42.14	3:58.90
4:13.02	3:42.29	3:59.02
4:13.57	3:42.32	3:59.47
4:13.62	3:42.73	3:59.55
4:14.30	3:42.77	3:59.65
4:14.73	3:42.81	3:59.93
D1 Men's slowest time in 1500 m prelims: 3:53.53 (24th place)		
D1 Women's fastest time in 1500 m prelims: 4:12.02		
10,000 m run (minutes: Seconds)		
D1 Women	D1 Men	D2 Men
33:10.84	29:16.60	30:12.3
33:11.56	29:18.10	30:59.78

33:17.81	29:19.85	31:05.87
33:20.68	29:19.93	31:07.37
33:20.70	29:20.73	31:11.07
33:25.91	29:25.35	31:13.39
33:32.80	29:26.34	31:14.69
33:34.20	29:30.88	31:18.75
D1 Men's slowest time in 10,000 m prelims: 31:20.16 (24th place)		
Long Jump (meters)		
D1 Women	D1 Men	DII Men
6.84	8.2	8.16
6.71	8.18	8.08
6.63	8.12	7.96
6.55	8.05	7.86
6.49	8.00	7.79
6.44	7.88	7.72
6.43	7.87	7.72
6.40	7.83	7.71
D1 Men's 21st place longest jump 7.38 m (22nd foul, 23rd & 24th DNS)		
Shot Put (meters) Note that men use 7.26 kg (16 lbs.) shot, women use 4 kg (8.82 lbs.) shot		
D1 Women	D1 Men	D II Men
18.14	21.11	21.47
18.11	20.77	19.58
17.88	20.31	18.71
17.67	19.89	18.62
17.46	19.73	18.43
17.24	19.65	18.34
17.13	19.65	18.30
16.94	19.52	18.03
D1 Men's 23rd place longest put 16.90 m (24th Foul)		

II. Biological male physiology is the basis for the performance advantage that men, or adolescent boys, have over women, or adolescent girls, in almost all athletic contests.

77. Common observation and knowledge tell us that, across the years of puberty, boys experience distinctive physical developments that largely explain the performance advantages I have detailed above. These well-known physical developments have now also been the subject of scientific measurement and study.

78. At the onset of male puberty the testes begin to secrete greatly increased amounts of testosterone. Testosterone is the primary "androgenic" hormone. It causes the physical traits associated with males such as facial and body hair growth, deepening of the voice, enlargement of the genitalia, increased bone mineral density, increased bone length in the long bones, and enhanced muscle growth (to name just a few of testosterone's effects). The enhanced muscle growth caused by testosterone is the "anabolic" effect often discussed when testosterone is called an anabolic steroid.

79. Women lack testes and instead have ovaries, so they do not experience similar increases in testosterone secretion. Instead, puberty in women is associated with the onset of menstruation and increased secretion of "estrogens." Estrogens, most notably estradiol, cause the feminizing effects associated with puberty in women which include increased fat tissue growth in the hips, thighs, and buttocks, development of the mammary glands, and closure of the growth plates in long bones. The smaller amount of muscle growth typically seen in women during puberty explains in part the athletic performance gap between men, and boys after the onset of puberty, and women and girls.

A. Handelsman, Hirschberg, et al. (2018):

80. In addition to documenting objective performance advantages enjoyed by males as I have reviewed above, Handelsman and his co-authors also detail physiological differences caused by male puberty—and by developments during puberty under the influence of male levels of testosterone in particular—that account for those advantages. These authors state: "The striking male postpubertal increase in circulating testosterone provides a major, ongoing, cumulative, and durable physical advantage in sporting contests by creating larger and stronger bones, greater muscle mass and strength, and higher circulating hemoglobin as well as possible

psychological (behavioral) differences. In concert, these render women, on average, unable to compete effectively against men in power-based or endurance-based sports." (805)

81. First, Handelsman et al. explain that all of these physiological differences appear to be driven by male levels of circulating testosterone. "The available, albeit incomplete, evidence makes it highly likely that the sex difference in circulating testosterone of adults explains most, if not all, of the sex differences in sporting performance. This is based on the dose-response effects of circulating testosterone to increase muscle mass and strength, bone size and strength (density), and circulating hemoglobin, each of which alone increases athletic capacity, as well as other possible sex dichotomous, androgen-sensitive contributors such as mental effects (mood, motivation, aggression) and muscle myoglobin content. These facts explain the clear sex difference in athletic performance in most sports, on which basis it is commonly accepted that competition has to be divided into male and female categories." (823)

82. "Prior to puberty, levels of circulating testosterone as determined by LC-MS are the same in boys and girls . . . . They remain lower than 2 nmol/L in women of all ages. However, from the onset of male puberty the testes secrete 20 times more testosterone resulting in circulating testosterone levels that are 15 times greater in healthy young men than in age-similar women." (806) "[T]he circulating testosterone of most women never reaches consistently >5 nmol/L, a level that boys must sustain for some time to exhibit the masculinizing effects of male puberty." (808)

83. "The characteristic clinical features of masculinization (e.g., muscle growth, increased height, increased hemoglobin, body hair distribution, voice change) appear only if and when circulating testosterone concentrations rise into the range of males at mid-puberty, which

are higher than in women at any age even after the rise in circulating testosterone in female puberty." (810)

84. "[The] order-of-magnitude difference in circulating testosterone concentrations is the key factor in the sex difference in athletic performance due to androgen effects principally on muscle, bone, and hemoglobin." (811)

85. "Modern knowledge of the molecular and cellular basis for androgen effects on skeletal muscle involves effects due to androgen (testosterone, DHT) binding to the AR that then releases chaperone proteins, dimerizes, and translocates into the nucleus to bind to androgen response elements in the promoter DNA of androgen-sensitive genes. This leads to increases in (1) muscle fiber numbers and size, (2) muscle satellite cell numbers, (3) numbers of myonuclei, and (4) size of motor neurons. Additionally, there is experimental evidence that testosterone increases skeletal muscle myostatin expression, mitochondrial biogenesis, myoglobin expression, and IGF-1 content, which may augment energetic and power generation of skeletal muscular activity." (811)

86. **Muscle mass** is perhaps the most obvious driver of male athletic advantage. "On average, women have 50% to 60% of men's upper arm muscle cross-sectional area and 65% to 70% of men's thigh muscle cross-sectional area, and women have 50% to 60% of men's upper limb strength and 60% to 80% of men's leg strength. Young men have on average a skeletal muscle mass of >12 kg greater than age-matched women at any given body weight. Whereas numerous genes and environmental factors (including genetics, physical activity, and diet) may contribute to muscle mass, the major cause of the sex difference in muscle mass and strength is the sex difference in circulating testosterone." (812)

87. “Dose-response studies show that in men whose endogenous testosterone is fully suppressed, add-back administration of increasing doses of testosterone that produce graded increases in circulating testosterone causes a dose-dependent (whether expressed according to testosterone dose or circulating levels) increase in muscle mass (measured as lean body mass) and strength. Taken together, these studies prove that testosterone doses leading to circulating concentrations from well below to well above the normal male range have unequivocal dose-dependent effects on muscle mass and strength. These data strongly and consistently suggest that the sex difference in lean body mass (muscle) is largely, if not exclusively, due to the differences in circulating testosterone between men and women. These findings have strong implications for power dependent sport performance and largely explain the potent efficacy of androgen doping in sports.” (813)

88. “Muscle growth, as well as the increase in strength and power it brings, has an obvious performance enhancing effect, in particular in sports that depend on strength and (explosive) power, such as track and field events. There is convincing evidence that the sex differences in muscle mass and strength are sufficient to account for the increased strength and aerobic performance of men compared with women and is in keeping with the differences in world records between the sexes.” (816)

89. Men and adolescent boys also have distinct athletic advantages in **bone size, strength, and configuration**.

90. “Sex differences in height have been the most thoroughly investigated measure of bone size, as adult height is a stable, easily quantified measure in large population samples. Extensive twin studies show that adult height is highly heritable with predominantly additive genetic effects that diverge in a sex-specific manner from the age of puberty onwards, the effects

of which are likely to be due to sex differences in adult circulating testosterone concentrations." "Men have distinctively greater bone size, strength, and density than do women of the same age. As with muscle, sex differences in bone are absent prior to puberty but then accrue progressively from the onset of male puberty due to the sex difference in exposure to adult male circulating testosterone concentrations." (818)

91. "The earlier onset of puberty and the related growth spurt in girls as well as earlier estrogen-dependent epiphyseal fusion explains shorter stature of girls than boys. As a result, on average men are 7% to 8% taller with longer, denser, and stronger bones, whereas women have shorter humerus and femur cross-sectional areas being 65% to 75% and 85%, respectively, those of men. These changes create an advantage of greater bone strength and stronger fulcrum power from longer bones." (818)

92. **Male bone geometry** also provides mechanical advantages. "The major effects of men's larger and stronger bones would be manifest via their taller stature as well as the larger fulcrum with greater leverage for muscular limb power exerted in jumping, throwing, or other explosive power activities." (818) Further, "the widening of the female pelvis during puberty, balancing the evolutionary demands of obstetrics and locomotion, retards the improvement in female physical performance, possibly driven by ovarian hormones rather than the absence of testosterone." (818)

93. Beyond simple performance, the greater density and strength of male bones provides higher protection against stresses associated with extreme physical effort: "[S]tress fractures in athletes, mostly involving the legs, are more frequent in females with the male protection attributable to their larger and thicker bones." (818)

94. In addition to advantages in muscle mass and strength, and bone size and strength, men and adolescent boys have **greater hemoglobin levels** in their blood as compared to women and girls, and thus a greater capability to transport oxygen within the blood, which then provides bioenergetic benefits. “It is well known that levels of circulating hemoglobin are androgen-dependent and consequently higher in men than in women by 12% on average…. Increasing the amount of hemoglobin in the blood has the biological effect of increasing oxygen transport from lungs to tissues, where the increased availability of oxygen enhances aerobic energy expenditure.” (816) “It may be estimated that as a result the average maximal oxygen transfer will be ~10% greater in men than in women, which has a direct impact on their respective athletic capacities.” (816)

B. Louis Gooren, *The Significance of Testosterone for Fair Participation of the Female Sex in Competitive Sports*, 13 Asian J. of Andrology 653 (2011):

95. Gooren et al. like Handelsman et al., link male advantages in height, bone size, muscle mass, strength, and oxygen carrying capacity to exposure to male testosterone levels: “Before puberty, boys and girls hardly differ in height, muscle and bone mass. Pubertal testosterone exposure leads to an ultimate average greater height in men of 12–15 centimeters, larger bones, greater muscle mass, increased strength and higher hemoglobin levels.” (653)

C. Thibault, Guillaume, et al. (2010):

96. In addition to the testosterone-linked advantages examined by Handelsman et al. (2018), Thibault et al. note sex-linked differences in body fat as impacting athletic performance: “Sex has been identified as a major determinant of athletic performance through the impact of height, weight, body fat, muscle mass, aerobic capacity or anaerobic threshold as a result of genetic and hormonal differences [].” (214)

D. Taryn Knox, Lynley C. Anderson, et al., *Transwomen in Elite Sport: Scientific & Ethical Considerations*, 45 J. MED ETHICS 395 (2019):

97. Knox et al. analyze specific testosterone-linked physiological differences between men and women that provide advantages in athletic capability, and conclude that "[E]lite male athletes have a performance advantage over their female counterparts due to physiological differences." (395) "Combining all of this information, testosterone has profound effects on key physiological parameters that underlie athletic performance in men. There is substantial evidence regarding the effects on muscle gain, bone strength, and the cardiovascular and respiratory system, all of which drive enhanced strength, speed and recovery. Together the scientific data point to testosterone providing an all-purpose benefit across a range of body systems that contribute to athletic performance for almost all sports." (397-98)

98. "It is well recognised that testosterone contributes to physiological factors including body composition, skeletal structure, and the cardiovascular and respiratory systems across the life span, with significant influence during the pubertal period. These physiological factors underpin strength, speed and recovery with all three elements required to be competitive in almost all sports. An exception is equestrian, and for this reason, elite equestrian competition is not gender-segregated. As testosterone underpins strength, speed and recovery, it follows that testosterone benefits athletic performance." (397)

99. "High testosterone levels and prior male physiology provide an all-purpose benefit, and a substantial advantage. As the IAAF says, 'To the best of our knowledge, there is no other genetic or biological trait encountered in female athletics that confers such a huge performance advantage.'" (399)

100. These authors, like others, describe sex-linked advantages relating to **bone size and muscle mass.** “Testosterone also has a strong influence on bone structure and strength. From puberty onwards, men have, on average, 10% more bone providing more surface area. The larger surface area of bone accommodates more skeletal muscle so, for example, men have broader shoulders allowing more muscle to build. This translates into 44% less upper body strength for women, providing men an advantage for sports like boxing, weightlifting and skiing. In similar fashion, muscle mass differences lead to decreased trunk and lower body strength by 64% and 72%, respectively in women. These differences in body strength can have a significant impact on athletic performance, and largely underwrite the significant differences in world record times and distances set by men and women.” (397)

101. Knox et al. also identify the relatively higher percentage of **body fat** in women as both inherently sex-linked, and a disadvantage with respect to athletic performance. “Oestrogens also affect body composition by influencing fat deposition. Women, on average, have higher percentage body fat, and this holds true even for highly trained healthy athletes (men 5%–10%, women 8%–15%). Fat is needed in women for normal reproduction and fertility, but it is not performance enhancing. This means men with higher muscle mass and less body fat will normally be stronger kilogram for kilogram than women.” (397)

102. Knox et al. detail the relative performance disadvantage arising from the oestrogen-linked **female pelvis shape**: “[T]he major female hormones, oestrogens, can have effects that disadvantage female athletic performance. For example, women have a wider pelvis changing the hip structure significantly between the sexes. Pelvis shape is established during puberty and is driven by oestrogen. The different angles resulting from the female pelvis leads to decreased joint rotation and muscle recruitment ultimately making them slower.” (397)

103. "In short, higher testosterone levels lead to larger and stronger bones as well as more muscle mass providing a body composition-related performance advantage for men for almost all sports. In contrast, higher oestrogen levels lead to changes in skeletal structure and more fat mass that can disadvantage female athletes, in sports in which speed, strength and recovery are important." (397)

104. Knox et al. break out multiple sex-linked contributions to a male advantage in **oxygen intake and delivery**, and thus to energy delivery to muscles. "Testosterone also influences the cardiovascular and respiratory systems such that men have a more efficient system for delivering oxygen to active skeletal muscle. Three key components required for oxygen delivery include lungs, heart and blood haemoglobin levels. Inherent sex differences in the lung are apparent from early in life and throughout the life span with lung capacity larger in men because of a lower diaphragm placement due to Y-chromosome genetic determinants. The greater lung volume is complemented by testosterone-driven **enhanced alveolar multiplication rate** during the early years of life." (397)

105. "Oxygen exchange takes place between the air we breathe and the bloodstream at the alveoli, so more alveoli allows more oxygen to pass into the bloodstream. Therefore, the greater lung capacity allows more air to be inhaled with each breath. This is coupled with an improved uptake system allowing men to absorb more oxygen. Once in the blood, oxygen is carried by haemoglobin. Haemoglobin concentrations are directly modulated by testosterone so men have higher levels and can carry more oxygen than women. Oxygenated blood is pumped to the active skeletal muscle by the heart. The left ventricle chamber of the heart is the reservoir from which blood is pumped to the body. The larger the left ventricle, the more blood it can hold, and therefore, the more blood can be pumped to the body with each heartbeat, a

physiological parameter called 'stroke volume'. The female heart size is, on average, 85% that of a male resulting in the stroke volume of women being around 33% less. Putting all of this together, men have a much more efficient cardiovascular and respiratory system, with testosterone being a major driver of enhanced aerobic capacity." (397)

E. Lepers, Knechtle, et al. (2013):

106. Lepers et al. point to some of these same physiological differences as explaining the large performance advantage they found for men in triathlon performance. "Current explanations for sex differences in [maximal oxygen uptake] among elite athletes, when expressed relative to body mass, provide two major findings. First, elite females have more (<13 vs. <5 %) body fat than males. Indeed, much of the difference in [maximal oxygen uptake] between males and females disappears when it is expressed relative to lean body mass. Second, the hemoglobin concentration of elite athletes is 5–10 % lower in females than in males." (853)

107. "Males possess on average 7–9 % less percent body fat than females, which is likely an advantage for males. Therefore, it appears that sex differences in percentage body fat, oxygen-carrying capacity and muscle mass may be major factors for sex differences in overall triathlon performance. Menstrual cycle, and possibly pregnancy, may also impact training and racing in female athletes, factors that do not affect males." (853)

F. Tønnessen, Svendsen, et al. (2015):

108. Tønnessen et al. likewise point to some of the same puberty and testosterone-triggered physiological differences discussed above to explain the increasing performance advantage of boys across the adolescent years, noting that "[T]here appears to be a strong mechanistic connection between the observed sex-specific performance developments and hormone-dependent changes in body composition during puberty." (7) "Beyond [age 12], males

outperform females because maturation results in a shift in body composition. Our results are in line with previous investigations exploring physical capacities such as [maximal oxygen uptake] and isometric strength in non-competitive or non-specialized adolescents." (7)

109. "[S]ex differences in physical capacities (assessed as [maximal oxygen uptake] or isometric strength in the majority of cases) are negligible prior to the onset of puberty. During the adolescent growth spurt, however, marked sex differences develop. This can primarily be explained by hormone dependent changes in body composition and increased red blood cell mass in boys." (2)

110. "Sexual dimorphism during puberty is highly relevant for understanding sex-specific performance developments in sports. The initiation of the growth spurt in well-nourished girls occurs at about 9–10 yrs of age. Age at peak height velocity (PHV) and peak weight velocity (PWV) in girls is 11–12 and 12–13 yrs, respectively, with an average 7–9 cm and 6–9 kg annual increase. The growth spurt and PHV in girls occurs approximately 2 years earlier than for boys. However, the magnitude of the growth spurt is typically greater in boys, as they on average gain 8–10 cm and 9–10 kg annually at PHV and PWV, respectively. Girls experience an escalation in fat mass compared to boys. Fat free mass (FFM) (also termed lean muscle mass) is nearly identical in males and females up to the age of 12–13 yrs. FFM plateaus in females at 15–16 years of age, but continues increasing in males up to the age of 19–20 yrs. On average, boys and girls increase their FFM by 7.2 and 3.5 kg/year^{-1}, respectively, during the interval near peak height velocity. Corresponding estimates for changes in absolute fat mass are 0.7 and 1.4 kg/year^{-1}, while estimates for relative fatness are -0.5% and +0.9%/year^{-1} in boys and girls, respectively." (2)

111. “During puberty, boys begin to produce higher levels of circulating testosterone. This affects the production of muscle fibers through direct stimulation of protein synthesis. Higher testosterone levels result in more muscle mass, which in turn facilitates greater power production and more advantageous ground reaction forces during running and jumping. Adolescent weight gain in boys is principally due to increased height (skeletal tissue) and muscle mass, while fat mass remains relatively stable. In contrast, during puberty girls begin to produce higher levels of circulating estrogen and other female sex hormones. Compared to their male counterparts, they experience a less pronounced growth spurt and a smaller increase in muscle mass, but a continuous increase in fat mass, thereby lowering the critical ratio between muscular power and total body mass.” (7)

112. “The relatively greater progress in jumping exercises can also be explained by growth and increased body height during puberty. The increase in body height means that the center of gravity will be higher, providing better mechanical conditions for performance in jumping events.” (8)

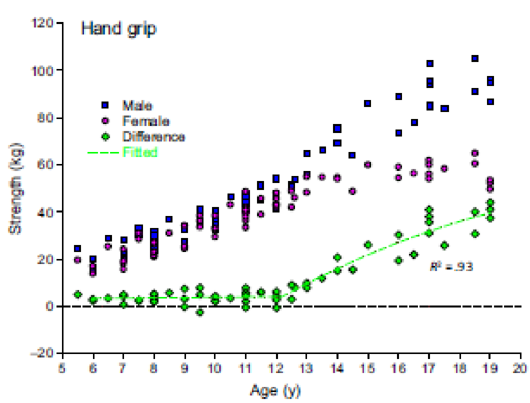
G. Louis J. G. Gooren & Mathijs C. M. Bunck, *Transsexuals & Competitive Sports*, 151 European J. of Endocrinology 425 (2004):

113. In their study of performance of transsexual athletes, Louis et al. note that “[b]efore puberty, boys and girls do not differ in height, muscle and bone mass. Recent information shows convincingly that actual levels of circulating testosterone determine largely muscle mass and strength.” (425) “Testosterone exposure during puberty leads ultimately to an average greater height in men of 12–15 cm, larger bones and muscle mass, and greater strength.” (425)

H. Handelsman (2017):

114. Handelsman (2017) notes the existence of a "stable and robust" performance gap between males and females, with no narrowing "over more than three decades" (71), observing that "[i]t is well known that men's athletic performance exceeds that of women especially in power sports because of men's greater strength, speed and endurance. This biological physical advantage of mature males forms the basis for gender segregation in many competitive sports to allow females a realistic chance of winning events. This physical advantage in performance arises during early adolescence when male puberty commences after which men acquire larger muscle mass and greater strength, larger and stronger bones, higher circulating haemoglobin as well as mental and/or psychological differences. After completion of male puberty, circulating testosterone levels in men are consistently 10-15 times higher than in children or women at any age." (68)

115. To illustrate, Figure 3 of Handelsman (2017) below indicates, "the age trends in hand-grip strength showed a difference in hand-grip strength commencing from the age of 12.8 years onwards (Figure 3). Prior to the age of 13 years, boys had a marginally significant greater grip strength than girls (n=45, t=2.0, P=.026), but after the age of 13 years, there was a strong significant relationship between age and difference in grip strength (n=18, r=.89, P<.001)." (70)



116. Handelsman (2017) in particular focuses on the correlation between the development of this performance gap and the progress of male adolescence and circulating testosterone levels in boys. "The strength of the present study is that it includes a wide range of swimming as well as track and field running and jumping events as well as strength for nonathletes for males and females across the ages spanning the onset of male puberty. The similar timing of the gender divergence in each of these settings to that of the rise in circulating testosterone to adult male levels strongly suggests that they all reflect the increase in muscular size and strength although the impact of other androgen-dependent effects on bone, haemoglobin and psychology may also contribute." (71-72)

117. "In this study, the timing and tempo of male puberty effects on running and jumping performance were virtually identical and very similar to those in swimming events. Furthermore, these coincided with the timing of the rise in circulating testosterone due to male puberty. In addition to the strikingly similar timing and tempo, the magnitude of the effects on performance by the end of this study was 10.0% for running and 19.3% for jumping, both consistent with the gender differences in performance of adult athletes previously reported to be 10%-12% for running and 19% for jumping." (71)

118. "In the swimming events, despite the continued progressive improvements in individual male and female event records, the stability of the gender difference over 35 years shown in this study suggests that the gender differences in performance are stable and robust." (71)

119. "The similar time course of the rise in circulating testosterone with that of the gender divergences in swimming and track and field sports is strongly suggestive that these effects arise from the increase in circulating testosterone from the start of male puberty." (71) "It

is concluded that the gender divergence in athletic performance begins at the age of 12-13 years and reaches adult plateau in the late teenage years. Although the magnitude of the divergence varies between athletic skills, the timing and tempo are closely parallel with each other and with the rise in circulating testosterone in boys during puberty to reach adult male levels." (72)

120. Handelsman (2017) notes several specific physiological effects of male levels of circulating testosterone that are relevant to athletic performance:

a. "Adult male circulating testosterone also has marked effects on bone development leading to longer, stronger and denser bone than in age-matched females." (71)

b. "A further biological advantage of adult male circulating testosterone concentrations is the increased circulating haemoglobin. Men have ~10 g/L greater haemoglobin than women with the gender differences also evident from the age of 13-14 years." (71)

121. Handelsman (2017) also observes that "exposure to adult male testosterone concentrations is likely to produce some mental or psychological effects. However, the precise nature of these remains controversial and it is not clear whether, or to what extent, this contributes to the superior elite sporting performance of men in power sports compared with the predominant effects on muscle mass and function." (71)

I. Centers for Disease Control & Prevention, "National Health Statistics Reports Number 122," CDC (2018):

122. To obtain data on height, weight, and body mass differences between men and women, I accessed the "National Health Statistics Reports Number 122" published by the

Centers for Disease Control & Prevention, at https://www.cdc.gov/nchs/data/nhsr/nhsr122-508.pdf, which is based on data through 2016.

123. The average height for a U.S. adult man is 5 feet 9 inches and for a U.S. adult woman the average height is 5 feet 4 inches. (3)

124. The average weight for a U.S. adult man is 197.8 lbs. and for a U.S. adult woman the average weight is 170.5 lbs. (6)

125. The average body mass index for a U.S. adult man is 29.1 kg/m^2, and the average body mass index for a U.S. adult woman is 29.6 kg/m^2. (3)

III. Administration of cross-sex hormones to men, or adolescent boys, after male puberty does not eliminate their performance advantage over women, or adolescent girls, in almost all athletic contests.

126. At the collegiate level, the "NCAA Policy on Transgender Student-Athlete Participation" requires only that such males be on unspecified and unquantified "testosterone suppression treatment" for "one calendar year" prior to competing in women's events.

127. Studies have demonstrated that hormone administration of testosterone suppression does not eliminate the physical advantages males have over females in athletics. Although such studies have not focused specifically on elite athletes, there is no scientific evidence or principle suggesting that the effects of hormone administration of testosterone suppression on elite athletes should be different than they are in the general population.

128. It is obvious that some effects of male puberty that confer advantages for athletic performance—in particular bone size and configuration—cannot be reversed once they have occurred.

129. In addition, some studies have now determined that other physiological advantages conferred by male puberty are also not fully reversed by later hormonal treatments

associated with gender transition. Specifically, studies have shown that the effects of puberty in males including increased muscle mass, increased bone mineral density, increased lung size, and increased heart size, are not completely reversed by suppressing testosterone secretion and administering estrogen during gender transition procedures in males.

130. For example, suppressing testosterone secretion and administering estrogen in post pubescent males does not shrink body height to that of a comparably aged female, nor does it reduce lung size or heart size. Indeed, while testosterone suppression and estrogen administration reduce the size and density of skeletal muscles, the muscles remain larger than would be expected in a typical female even when matched for body height or mass. A general tenet of exercise science is that larger muscles are stronger muscles due to larger muscles containing more contractile proteins. Thus, while gender transition procedures may impair a male's athletic potential, in my opinion it is still highly unlikely to be reduced to that of a comparably aged and trained female due to these physiological factors.

131. Supporting my opinion in this regard, at least two recent prospective studies involving substantial numbers of subjects have found that measured strength did not decrease, or decreased very little, in male-to-female subjects after a full year of hormone therapy including testosterone suppression, leaving these populations with a large strength advantage over baseline female strength.

132. I review relevant findings in more detail below.

A. Handelsman, Hirschberg, et al. (2018):

133. Handelsman et al. (2018) note that in "transgender individuals, the developmental effects of adult male circulating testosterone concentrations will have established the sex difference in muscle, hemoglobin, and bone, some of which is fixed and irreversible

(bone size) and some of which is maintained by the male circulating testosterone concentrations (muscle, hemoglobin).” (824)

134. “[D]evelopmental bone effects of androgens are likely to be irreversible.” (818)

135. With respect to muscle mass and strength, Handelsman et al. (2018) observe that suppression of testosterone in males to levels currently accepted for transgender qualification to compete in women’s events will still leave those males with a large strength advantage. “Based on the established dose-response relationships, suppression of circulating testosterone to <10 nmol/L would not eliminate all ergogenic benefits of testosterone for athletes competing in female events. For example, according to the Huang *et al.* [] study, reducing circulating testosterone to a mean of 7.3 nmol/L would still deliver a 4.4% increase in muscle size and a 12% to 26% increase in muscle strength compared with circulating testosterone at the normal female mean value of 0.9 nmol/L. Similarly, according to the Karunasena *et al*. [] study, reducing circulating testosterone concentration to 7 nmol/L would still deliver 7.8% more circulating hemoglobin than the normal female mean value. Hence, the magnitude of the athletic performance advantage in DSD athletes, which depends on the magnitude of elevated circulating testosterone concentrations, is considerably greater than the 5% to 9% difference observed in reducing levels to <10 nmol/L.” (821)

B. Gooren (2011):

136. In addition to noting that the length and diameter of bones is unchanged by post-pubertal suppression of androgens (including testosterone) (653), Gooren found that “[i]n spite of muscle surface area reduction induced by androgen deprivation, after 1 year the mean muscle surface area in male-to- female transsexuals remained significantly greater than in untreated

female-to-male transsexuals." (653) "Untreated female-to-male transsexuals" refers to biological females, who will have hormonal levels ordinarily associated with women.

137. As I have explained above, greater muscle surface area translates into greater strength assuming comparable levels of fitness.

C. Knox, Anderson, et al. (2019):

138. In their recent article, Knox et al. reviewed the physiological effects of reducing circulating testosterone levels below 10nmol/L, the level current accepted by the International Olympic Committee (IOC) (2015) guidelines as adequate to permit males to enter as women in Olympic competition.

139. Knox et al. note the unarguable fact that 10nmol/L is a far higher level of circulating testosterone than occurs in women, including elite women athletes. "Transwomen [meet IOC guidelines] to compete with testosterone levels just under 10 nmol/L. This is more than five times the upper testosterone level (1.7 nmol/L) of healthy, premenopausal elite cis-women athletes. Given that testosterone (as well as other elements stemming from Y-chromosome-dependent male physiology) provides an all-purpose benefit in sport, suggests that transwomen have a performance advantage." (398)

140. As to **bone strength**, Knox et al. report that a "recent meta-analysis shows that hormone therapy provided to transwomen over 2 years maintains bone density so bone strength is unlikely to fall to levels of cis-women, especially in an elite athlete competing and training at high intensity. Increased bone strength also translates into protection against trauma, helping with recovery and prevention of injury." (398)

141. Based on a review of multiple studies, Knox et al. report that, in addition to bone size, configuration, and strength, "hormone therapy will not alter … **lung volume or heart size**

of the transwoman athlete, especially if [that athlete] transitions postpuberty, so natural advantages including joint articulation, stroke volume and maximal oxygen uptake will be maintained." (398)

142. With respect to **muscle mass and strength**, Knox et al. found that "healthy young men did not lose significant muscle mass (or power) when their circulating testosterone levels were reduced to 8.8 nmol/L (lower than the IOC guideline of 10 nmol/L) for 20 weeks. Moreover, retention of muscle mass could be compensated for by training or other ergogenic methods. In addition, the phenomenon of muscle memory means muscle mass and strength can be rebuilt with previous strength exercise making it easier to regain muscle mass later in life even after long intervening periods of inactivity and mass loss." (398)

143. Indeed, Knox et al. observe that oestradiol—routinely administered as part of hormone therapy for transwomen—is actually known to *increase* muscle mass, potentially providing an *additional* advantage for these athletes over women. "While testosterone is the well-recognised stimulator of muscle mass gain, administration of oestradiol has also been shown to activate muscle gain via oestrogen receptor-β activation. The combination of oestradiol therapy and a baseline testosterone of 10 nmol/L arguably provides transwomen athletes with an added advantage of increased muscle mass, and therefore power." (398)

144. Summing up these facts, Knox et al. observe: "A transwoman athlete with testosterone levels under 10 nmol/L for 1 year will retain at least some of the physiological parameters that underpin athletic performance. This, coupled with the fact that [under IOC rules] transwomen athletes are allowed to compete with more than five times the testosterone level of a cis-woman, suggests transwomen have a performance advantage." (398) Indeed, considering the magnitude of the advantages involved, Knox et al. conclude that the physiological advantages

resulting from male puberty that are not negated by post-pubertal hormonal therapy "provide a strong argument that transwomen have an intolerable advantage over cis-women." (399)

D. Gooren & Bunck (2004):

145. Measuring the concrete significance of the fact that bone size and configuration cannot be changed after puberty, Gooren and Bunk reported that "[Male-to-female transsexuals] were on average 10.7 cm taller (95% CI 5.4–16.0 cm) than [female-to-male transsexuals] (7)." (427)

146. With respect to muscle mass, Gooren and Bunk reported what other authors have since described in more detail: "After 1 year of androgen deprivation, mean muscle area in [male-to-female transsexuals] had decreased significantly but remained significantly greater than in [female-to-male transsexuals] before testosterone treatment." (427) To be clear, female-to-male transsexuals "before testosterone treatment" are biological females with natural female hormone levels.

> "The conclusion is that androgen deprivation in [male-to-female transsexuals] increases the overlap in muscle mass with women but does not reverse it, statistically." (425) In other words, for the overall sample of 19 male-to female transsexuals, before ("306.9 ± 46.5 cm^2") and after ("277.8 ± 37.0 cm^2") 1 year of cross-sex hormone administration these subjects had statistically significantly more muscle mass than the 17 untreated females ("238.8 ± 33.1 cm^2") (427). Before treatment, an unstated number of male-to-female transsexuals on the low end of the range for muscle mass in this sample were similar to an unstated number of untreated females on the high end of the range for muscle mass. As the muscle mass decreased in male-to-female transsexuals due to cross-sex hormone treatment there were an unstated number of male-to-female subjects whose

muscle mass was similar to the untreated women on the high end of the range for muscle mass. But, the overlap in muscle mass between male-to-female and untreated female subjects was insufficient to alter the statistical analysis.

147. Gooren and Bunk provide an insightful conclusion regarding whether it is fair for male-to-female transgender individuals to compete with biological females “The question of whether reassigned M–F can fairly compete with [biological] women depends on what degree of arbitrariness one wishes to accept”. (425)

E. Wiik et al. (2020):

148. Taking measurements one month after start of testosterone-suppression in male-to-female subjects, and again 3 and 11 months after start of feminizing hormone replacement therapy in these subjects, Wiik et al. found that total lean tissue (i.e. primarily muscle) did not decrease significantly across the entire period. And even though they observed a small decrease in thigh muscle mass, they found that isometric strength levels measured at the knee “were maintained over the [study period].” (e808) “At T12 [the conclusion of the one-year study], the absolute levels of strength and muscle volume were greater in [male-to-female subjects] than in [female-to-male subjects] and CW [women who had not undergone any hormonal therapy].” (e808)

149. While female-to-male subjects “experienced robust changes in lower-limb muscle mass and strength” after 11 months of testosterone injection (e812), even after the female-to-male subjects had undergone testosterone injection, and the male-to-female subjects had undergone testosterone suppression and feminizing hormone replacement therapy, the male-to-female subjects “still had larger muscle volumes and quadriceps area” (e811).

150. In other words, biologically male subjects remained stronger than biologically female subjects after undergoing a year of testosterone suppression, and even remained stronger than biologically female subjects who had undergone 11 months of testosterone-driven "robust" increases in muscle mass and strength. I note that outside the context of transgender athletes, the testosterone-driven increase in strength enjoyed by these female-to-male subjects would constitute a disqualifying doping violation under all league anti-doping rules with which I am familiar.

F. Scharff et al. (2019):

151. Scharff et al. measured grip strength in a large cohort of male-to-female subjects from before the start of hormone therapy through one year of hormone therapy. The hormone therapy included suppression of testosterone to less than 2 nml/L "in the majority of the transwomen," (1024), as well as administration of estradiol (1021). These researchers observed a small decrease in grip strength in these subjects over that time, but mean grip strength of this group remained far higher than mean grip strength of females—specifically, "After 12 months, the median grip strength of transwomen [male-to-female subjects] still falls in the 95th percentile for age-matched females." (1026)

152. As further evidence that male-to-female transgender treatment does not negate the inherent athletic performance advantages of a post-pubertal male, I present race times for the well-publicized sports performance of Cece Telfer. In 2016 and 2017 Cece Telfer competed as Craig Telfer on the Franklin Pierce University men's track team being ranked 200th and 390th (respectively) against other NCAA Division 2 men and did not qualify for the National Championships in any events. Cece Telfer did not compete in the 2018 season while undergoing male-to-female transgender treatment (per NCAA policy). In 2019 Cece Telfer competed on the

Franklin Pierce University women's team, qualified for the NCAA Division 2 Track and Field National Championships, and placed 1st in the women's 400 meter hurdles and placed third in the women's 100 meter hurdles. (for examples of the media coverage of this please see https://www.washingtontimes.com/news/2019/jun/3/cece-telfer-franklin-pierce-transgender-hurdler-wi/ last accessed May 29, 2020. https://www.newshub.co.nz/home/sport/2019/06/athletics-transgender-woman-cece-telfer-who-previously-competed-as-a-man-wins-ncaa-track-championship.html last accessed May 29, 2020.)

153. The table below shows the best collegiate performance times from the combined 2015 and 2016 seasons for Cece Telfer when competing as a man (Craig Telfer) in men's events, and the best collegiate performance times from the 2019 season when competing as a woman in women's event. Comparing the times for the running events (in which male and female athletes run the same distance) using a two tailed paired sample test there is no statistical difference (P=0.51) between the times. Calculating the difference in time between the male and female times for the best performances in the same running events and dividing that difference by the male performance times, as a female Cece Telfer performed an average of 0.22% *faster* as a female. (Comparing the performance for the hurdle events (marked with H) is of questionable validity due to differences between men's and women's events in hurdle heights and spacing, and distance for the 110m vs. 100 m.) While this is simply one example, and does not represent a controlled experimental analysis, this information provides some evidence that male-to-female transgender treatment does not negate the inherent athletic performance advantages of a post-pubertal male. (these times were obtained from https://www.tfrrs.org/athletes/6994616/Franklin_Pierce/CeCe_Telfer.html and https://www.tfrrs.org/athletes/5108308.html, last accessed May 29, 2020)

As Craig Telfer (male athlete)		As Cece Telfer (female athlete)	
Event	Time (seconds)	Event	Time (seconds)
55	7.01	55	7.02
60	7.67	60	7.63
100	12.17	100	12.24
200	24.03	200	24.30
400	55.77	400	54.41
55 H †	7.98	55 H†	7.91
60 H †	8.52	60 H†	8.33
110 H†	15.17	100 H†	13.41*
400 H‡	57.34	400 H‡	57.53**

* women's 3rd place, NCAA Division 2 National Championships
** women's 1st place, NCAA Division I2 National Championships
† men's hurdle height is 42 inches with differences in hurdle spacing between men and women
‡ men's hurdle height is 36 inches, women's height is 30 inches with the same spacing between hurdles

G. Johanna Harper. (2015):

154. This article is oft cited as evidence supporting a lack of performance advantage for male-to-female transgender athletes (*for an example see the Expert Declaration by Joshua D. Safer, MD, FACP, FACE. Case 1:20-cv-00184-CWD Document 22-9, point 51*). This article purports to show that male-to-female transgender distance runners do not retain post-pubertal athletic advantages over biological females. However, this paper has numerous methodical shortcomings rendering the data and conclusions to be of little to no scientific validity. Herein I provide a detailed critique of a number of the methodical shortcomings of this paper.

155. Of major concern is that the paper does not mention any type of approval from a research ethics committee, documentation of informed consent from the participants, or otherwise state that the study was conducted in accordance with the ethical principles of the World Medical Association Declaration of Helsinki, which raises the specter of overall ethical concerns with this paper (This may simply be an oversight on the part of the journal in not

requiring such a statement, but such an oversight is very unusual given the publication date of 2015). As the data were gathered with the intent of contributing to the scientific knowledge, and there was interaction between the researcher and the subjects with exchange of identifiable and sensitive information, Institutional Review Board approval and documentation of consent are necessary for this type of project.

156. The author states that "The first problem is how to formulate a study to create a meaningful measurement of athletic performance, both before and after testosterone suppression. No methodology has been previously devised to make meaningful measurements." (2) This statement is not correct as there are innumerable publications with validated methodology for comparing physical fitness and/or athletic performance between people of different ages, sexes (some of which have previously been discussed), medical conditions, and before and after medical treatment, any of which could easily have been used with minimal or no adaptation for the purposes of this study (many even before the initiation of the Harper study, which apparently started in 2006).

157. The overall methods as explained within the manuscript are of limited scientific validity and reliability, starting with subject recruitment. The author states "The collection process consisted of seeking out female transgender distance runners, mostly online, and then asking them to submit race times. Even in 2014 few people are open about being transgender, so the submission of race times represented a large leap of faith for the participants." (3) There is no further information regarding how the subjects were recruited (i.e. sampling techniques). Furthermore, based on this description of sampling techniques there is no way to know if these 8 subjects are in any way representative of any population of men, women, or transgender individuals, and especially the overall transgender distance running population. For example,

what websites were used to identify possible subjects? How were the subjects solicited to participate? Was any compensation or coercion offered to the subjects? What inclusion or exclusion criteria were used in subject selection? How were the subjects who were not recruited online identified and enrolled into the research? How many were recruited online vs. not online? Furthermore, no indication is given if the subjects have undergone only hormone treatment, surgical treatment, or both. Furthermore, there is no indication of any verification of testosterone concentrations, compliance with hormone treatments, or other relevant endocrine or transgender treatment information. Lastly, no descriptive data are provided for the subjects' body height, body mass, or other relevant anthropometric characteristics.

158. Similar to the sampling techniques the methods for collecting race times are lacking in validity, reliability, or detailed description. The author states "Race times from eight transgender women runners were collected over a period of seven years and, when possible, verified." And "When possible, race times were then verified using online services listing race results. For six of the eight runners, online checking made it possible to verify approximately half of the submitted times. Two of the subjects, runners three and four, would only participate anonymously, creating an ethical dilemma over the use of their times, versus respect their privacy." (3) No further information regarding which race times were verified is presented, thus the verified race times could be only pre-transition, only post transition, all coming from 3 of the subjects, or some combination thereof. The validity and reliability of self-reported data are overall very questionable, which the author acknowledges by stating "The times submitted by the eight runners were self-selected and self-reported. The self- reporting by the subjects certainly affects the strength of the findings. As mentioned previously, almost half of the race times were double checked by the author for accuracy. None of the subjects incorrectly reported any result"

(6). However, verifying "almost half" of the race times does not validate the other "almost half." The author does not state which race times the runners were asked to self-report (i.e. these could have been the slowest times as a man and the fastest times as a woman, or vice versa. Or the reported races time could be some form of non-representative sample of the subjects' race times). As some of the data represent a span of 29 years between reported race times, and the mean time between reported race times is 7.3 ± 8.4 years the accuracy of the non-verified self-reported race times are very questionable [The means ± sd are not presented in the paper; they were calculated by the author of this declaration]. The author further states that only three of the pairs of race times "were run over the same course within three years' time and represent the best comparison points" (5) (i.e. Runner No. 4 provided one pair of pre-post transition 5K times, Runner No. 6 provided one pair of pre-post transition 10K times, and Runner No 6 provided one pair of pre-post transition Half-marathon times). Runner No 4 was one of the previously described "ethical dilemma" (3) subjects with no verified race times. Once again, it is not stated if any of "the best comparison points" (5) represents verified data. Furthermore, while the race may have been run over the same course, no mention of environmental conditions for the comparison performance is made. To put this in perspective, the 2018 Boston Marathon was run in rain and headwinds resulting in a men's winning time of 2:15:54 (the slowest time since 1976) and a women's winning time of 2:39:54 (the slowest time for a women's winner since 1978). To help further illustrate the challenges in year to year comparison of race time that may be exacerbated by weather, in 2017 the men's winning time for the Boston Marathon was 2:09:37 and the women's winning time was 2:21:52.

159. The author notes that "both runner two and runner six reported stable training patterns over this time range" (5), but once again, there is no indication of how these data were

collected or verified. Furthermore, what does a "stable training pattern mean"? Is it mileage, or pace, or combination of training techniques? This also further illustrates the methodological weaknesses in the study as runner two did not provide times for the "same course within three years' time", which, to quote the author "represent the best comparison points".

160. There is no experimental control for, or mention of, habitual nutrition, pre-event or during-event nutrition, any which (especially hydration and carbohydrate intake) can have a major impact on the outcome of endurance competition.

161. The description of the statistical analysis is insufficient. The author states that "Two tailed t tests were run on both the mean and peak AGs." (5) This is an ambiguous statement. Typically an author would report what kind of t-test was performed. Were these paired sample t-tests, independent sample t-tests, or one-sample t-tests?

162. Despite these methodological shortcomings, the author makes some insightful statements in the discussion. In the discussion section of the paper the author states "Transgender women are taller and larger, on average, than 46,XX women [], and these differences probably would result in performance advantages in events in which height and strength are obvious precursors to success" (7). The author further reasonably states that "It should be noted that this conclusion only applies to distance running and the author makes no claims as to the equality of performances, pre and post gender transition, in any other sport. As such, the study cannot, unequivocally, state that it is fair to allow transgender women to compete against 46,XX women in all sports…" to which the author adds "…although the study does make a powerful statement in favor of such a position."(8) This latter statement cannot be supported based on the data contained in this paper or any presently known research.

Conclusion

163. Once again, based on my professional familiarity with exercise physiology and my review of the currently available science, including that contained in the sources I cite and summarize in this declaration, and the competition results and records presented here, I offer three primary professional opinions:

a. At the level of elite, sub elite, high school, and recreational competition, men or boys have an advantage over comparably aged women or girls, in almost all athletic contests;

b. Biological male physiology and anatomy is the basis for the performance advantage that men or boys have over women or girls, in almost all athletic contests; and

c. Administration of androgen inhibitors and cross-sex hormones to men, or adolescent boys, after male puberty, and administration of testosterone to women or adolescent girls, after female puberty, does not eliminate the performance advantage of men or adolescent boys over women or adolescent girls in almost all athletic contests.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed this 3rd day of June, 2020.

/s/ Gregory A. Brown
Professor Gregory A. Brown, Ph.D.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on June 4, 2020, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system which sent a Notice of Electronic Filing to the following persons:

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ATTACHMENT

EXPERT DECLARATION OF
GREGORY A. BROWN, Ph.D. FACSM
Hecox, et al. v. Little, et al.
Case No. 1:20-cv-00184-DCN

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Academic Preparation

Doctor of Philosophy, Iowa State University. August 2002 -- Major in Health and Human Performance, Emphasis in the Biological Bases of Physical Activity, dissertation title: "Androgenic supplementation in men: Effects of age, herbal extracts, and mode of delivery."

Master of Science, Iowa State University, May 1999 -- Major in Exercise and Sport Science, Emphasis in Exercise Physiology, thesis title: "Oral anabolic-androgenic supplements during resistance training: Effects on glucose tolerance, insulin action, and blood lipids."

Bachelor of Science, Utah State University, June 1997 -- Major in Physical Education, Emphasis in Pre-physical Therapy.

Awards

College of Education Outstanding Faculty Teaching Award. University of Nebraska at Kearney 2019

Mortar Board Faculty Excellence Honors. Xi Phi Chapter, University of Nebraska at Kearney, Honored in 2006, 2007, 2008, 2012, 2013, 2015, and 2019

Profiled in New Frontiers, the University of Nebraska Kearney annual publication highlighting excellence in research, scholarship, and creative activity. 2009, 2017

College of Education Outstanding Scholarship / Research Award. University of Nebraska at Kearney 2009, 2014

College of Education Award for Faculty Mentoring of Undergraduate Student Research University of Nebraska at Kearney, 2007, 2010, & 2013

"Pink Tie" award from the Susan G. Komen Nebraska Affiliate, for outstanding service to the Central Nebraska Race for the Cure, 2013

Star Reviewer for the American Physiological Society and Advances in Physiology Education. 2010.

Fellow of the American College of Sports Medicine. Awarded April 23, 2008

UNK Senior Appreciation Program honoree, the University of Nebraska at Kearney

Iowa State University Research Excellence Award, Iowa State University, 2002

The Zaffarano Prize for Graduate Student Research, Iowa State University, 2002

Helen Hilton Lebaron Excellence in Research Award, Dept. of Health and Human Performance, Iowa State University, 2002

Best Paper Award, 2nd Annual Education Research Exchange. Iowa State University Education Research Exchange, 2001

Helen Hilton Lebaron Excellence in Research Award, Dept. of Health and Human Performance, Iowa State University, 2000

Professional Experience

Professor: University of Nebraska Kearney, Dept. of Kinesiology and Sport Sciences (2012-)

Associate Professor: University of Nebraska Kearney, HPERLS Dept. (2007-2012)

Assistant Professor: University of Nebraska Kearney, HPERLS Dept. (2004- 2007) Full Graduate Faculty status awarded on hire, 2004

Assistant Professor: Georgia Southern University, Jiann-Ping Hsu School of Public Health. (2002-2004) Full Graduate Faculty status awarded Nov. 26, 2002

Laboratory Director: Human Performance Laboratory, Georgia Southern University, Jiann-Ping Hsu School of Public Health. (2002-2004)

Research Assistant: Exercise Biochemistry and Physiology Laboratory, Iowa State University, Department of Health and Human Performance. (1997-2002)

Graduate Teaching Assistant: Iowa State University, Department of Health and Human Performance. (1997-2002)

Temporary Instructor: Iowa State University, Department of Health and Human Performance. (1999-2002)

Temporary Adjunct Faculty: Des Moines Area Community College. (2000)

Undergraduate Teaching Intern: Department of Biology, Utah State University. (1995-1996)

Refereed Publications

1. Schneider KM and Brown GA (as Faculty Mentor). What's at Stake: Is it a Vampire or a Virus? International Journal of Undergraduate Research and Creative Activities. 11, Article 4. 2019.
2. Christner C and Brown GA (as Faculty Mentor). Explaining the Vampire Legend through Disease. UNK Undergraduate Research Journal. 23(1), 2019. *this is an on campus publication
3. Schneekloth B and Brown GA. Comparison of Physical Activity during Zumba with a Human or Video Game Instructor. 11(4):1019-1030. International Journal of Exercise Science, 2018.
4. Bice MR, Hollman A, Bickford S, Bickford N, Ball JW, Wiedenman EM, Brown GA, Dinkel D, and Adkins M. Kinesiology in 360 Degrees. International Journal of Kinesiology in Higher Education, 1: 9-17, 2017

5. Shaw I, Shaw BS, Brown GA, and Shariat A. Review of the Role of Resistance Training and Musculoskeletal Injury Prevention and Rehabilitation. Gavin Journal of Orthopedic Research and Therapy. 1: 5-9, 2016
6. Kahle A, Brown GA, Shaw I, & Shaw BS. Mechanical and Physiological Analysis of Minimalist versus Traditionally Shod Running. J Sports Med Phys Fitness. 56(9):974-9, 2016
7. Bice MR, Carey J, Brown GA, Adkins M, and Ball JW. The Use of Mobile Applications to Enhance Learning of the Skeletal System in Introductory Anatomy & Physiology Students. Int J Kines Higher Educ 27(1) 16-22, 2016
8. Shaw BS, Shaw I, & Brown GA. Resistance Exercise is Medicine. Int J Ther Rehab. 22: 233-237, 2015.
9. Brown GA, Bice MR, Shaw BS, & Shaw I. Online Quizzes Promote Inconsistent Improvements on In-Class Test Performance in Introductory Anatomy & Physiology. Adv. Physiol. Educ. 39: 63-6, 2015
10. Brown GA, Heiserman K, Shaw BS, & Shaw I. Rectus abdominis and rectus femoris muscle activity while performing conventional unweighted and weighted seated abdominal trunk curls. Medicina dello Sport. 68: 9-18. 2015
11. Botha DM, Shaw BS, Shaw I & Brown GA. Role of hyperbaric oxygen therapy in the promotion of cardiopulmonary health and rehabilitation. African Journal for Physical, Health Education, Recreation and Dance (AJPHERD). Supplement 2 (September), 20: 62-73, 2014
12. Abbey BA, Heelan KA, Brown, GA, & Bartee RT. Validity of HydraTrend™ Reagent Strips for the Assessment of Hydration Status. J Strength Cond Res. 28: 2634-9. 2014
13. Scheer KC, Siebrandt SM, Brown GA, Shaw BS, & Shaw I. Wii, Kinect, & Move. Heart Rate, Oxygen Consumption, Energy Expenditure, and Ventilation due to Different Physically Active Video Game Systems in College Students. International Journal of Exercise Science: 7: 22-32, 2014
14. Shaw BS, Shaw I, & Brown GA. Effect of concurrent aerobic and resistive breathing training on respiratory muscle length and spirometry in asthmatics. African Journal for Physical, Health Education, Recreation and Dance (AJPHERD). Supplement 1 (November), 170-183, 2013
15. Adkins M, Brown GA, Heelan K, Ansorge C, Shaw BS & Shaw I. Can dance exergaming contribute to improving physical activity levels in elementary school children? African Journal for Physical, Health Education, Recreation and Dance (AJPHERD). 19: 576-585, 2013
16. Jarvi MB, Brown GA, Shaw BS & Shaw I. Measurements of Heart Rate and Accelerometry to Determine the Physical Activity Level in Boys Playing Paintball. International Journal of Exercise Science: 6: 199-207, 2013
17. Brown GA, Krueger RD, Cook CM, Heelan KA, Shaw BS & Shaw I. A prediction equation for the estimation of cardiorespiratory fitness using an elliptical motion trainer. West Indian Medical Journal. 61: 114-117, 2013.

18. Shaw BS, Shaw I, & Brown GA. Body composition variation following diaphragmatic breathing. African Journal for Physical, Health Education, Recreation and Dance (AJPHERD). 18: 787-794, 2012.
19. Shaw I, Shaw BS, & Brown GA. Concurrent Training and Pulmonary Function in Smokers. Int J Sports Med. 32:776-80, 2011
20. Nienhueser J, Brown, GA, Shaw BS & I Shaw. Effects of Energy Drinks on Metabolism at Rest and During Submaximal Treadmill Exercise in College Age Males. Int J Exerc Sci 4: 321-332, 2011
21. Shaw I, Shaw BS, & Brown GA. Relationship between Resistance Training and Self-Reported Habitual Nutrient Intake. South African Journal for Research in Sport, Physical Education and Recreation. 32: 109-116, 2010
22. Brown GA, Swendener AM, Shaw I, & Shaw BS. Comparison of anthropometric and metabolic responses to a short term carbohydrate restricted diet and exercise versus a traditional diet and exercise. African Journal for Physical, Health Education, Recreation and Dance (AJPHERD). 16: 535-544, 2010
23. Brown GA, Ray M, Abbey BA, Shaw BS, & Shaw I. Oxygen Consumption, Heart Rate and Blood Lactate Responses to an Acute Bout of Plyometric Depth Jumps in College Aged Men and Women. J Strength Cond Res. 24:275-82. 2010
24. Shaw I, Shaw BS, Brown GA, & Cilliers JF. Concurrent Resistance and Aerobic Training as Protection against Heart Disease. Cardiovasc J Afr 21: 196-199, 2010
25. Brown GA, Cook CM, Krueger RD, & Heelan KA Comparison of energy expenditure on a treadmill vs. an elliptical device at a self-selected exercise intensity. J Str Cond Res 24:1643-9, 2010
26. Shaw I, Shaw BS, & Brown GA. Role of Diaphragmatic Breathing and Aerobic Exercise in Improving Maximal Oxygen Consumption in Asthmatics. Science & Sports 25:139-145, 2010
27. Shaw I, Shaw BS, & Brown GA. Comparison of Resistance and Concurrent Resistance and Endurance Training Regimes in the Development of Strength. J Str Cond Res. 23: 2507-2514, 2009
28. Castell LM, Burke LM, Stear SJ, Wolfe RR, Newsholme EA, Trudeau F, Curi R, Brown GA, Vukovich MD, and DS King. BJSM reviews: A–Z of supplements: dietary supplements, sports nutrition foods and ergogenic aids for health and performance Part 2. Br. J. Sports Med. 43:807-810. 2009
29. Shaw BS, Shaw I, & Brown GA. Resistance Training and its Effect on Total, Central and Abdominal Adiposity. South African Journal for Research in Sport, Physical Education and Recreation. 31: 97-108. 2009
30. Shaw I, Shaw BS, & Brown GA. Influence of Strength Training on Cardiac Risk Prevention in Individuals without Cardiovascular Disease. African Journal for Physical, Health Education, Recreation and Dance (AJPHERD). 15: 424-432. 2009

31. Shaw BS, Shaw I, & Brown GA. Resistance Training and Predicted Risk of Coronary Heart Disease in Sedentary Males. African Journal for Physical, Health Education, Recreation and Dance (AJPHERD). Supplement: 247-257. 2009
32. Stahlnecker IV AC, Brown GA, Shaw BS, & Shaw I. Acute Effects of a Weight Loss Supplement on Resting Metabolic Rate and Anaerobic Exercise Performance. African Journal for Physical, Health Education, Recreation and Dance (AJPHERD). Supplement: 237-247. 2009
33. McWha JA, Horst S, Brown GA, Shaw I, & Shaw BS. Metabolic Changes Associated with Playing an Active Video Game Against a Human and Computer Opponent. African Journal for Physical, Health Education, Recreation and Dance (AJPHERD). Supplement: 219-228. 2009
34. Semin K, Stahlnecker IV AC, Heelan KA, Brown GA, Shaw BS, & Shaw I. Discrepancy between Training, Competition and Laboratory Measures of Maximum Heart Rate in NCAA Division 2 Distance Runners. J Sports Sci & Med. 7: 455 – 460, 2008
35. Brown GA, Rebok MP, Scott ML, Harris III J, Colaluca MK, Shaw I, & Shaw BS. Physiological and Biomechanical Responses of Running with and Without a Stroller. African Journal for Physical, Health Education, Recreation and Dance (AJPHERD). 14: 240-249, 2008
36. Brown GA, McFarland SP, Ray MW, Abbey BM, Shaw I, & Shaw BS. A Single Session of Brisk Walking Does Not Alter Blood Glucose Homeostasis in Overweight Young Men. African Journal for Physical, Health Education, Recreation and Dance (AJPHERD). 14: 250-264, 2008
37. Brown GA, Lynott F, & Heelan KA. A Service Learning Model for Teaching Fitness Assessment and Research Techniques to Undergraduate Exercise Science Students. Adv Physiol Educ. 32: 212-218, 2008
38. Carstensen C, Brown GA, Shaw I, & Shaw BS. Freely-Paced Walking in Healthy Adults Does Not Meet Minimum Intensity Guidelines for Health Improvement. African Journal for Physical, Health Education, Recreation and Dance (AJPHERD), 14: 178-187, 2008
39. Shaw BS, Shaw I, and Brown GA. Self-Reported Dietary Intake Following Endurance, Resistance And Concurrent Endurance And Resistance Training. J Sports Sci & Med 7: 255-259, 2008
40. Brown, GA. Teaching skeletal muscle adaptations to aerobic exercise using an APS classic paper by Dr. Philip Gollnick and colleagues. Adv Physiol Educ. 30: 113-118, 2006
41. Brown GA, Vukovich MD, & King DS. Testosterone Prohomone Supplements. Med. Sci. Sports Exerc. Med Sci Sports Exerc. 38: 1451-1461, 2006
42. Brown GA, & MacKenzie D. Resistance Exercise Does Not Change The Hormonal Response To Sublingual Androstenediol. Eur J Appl Physiol. 97:404-412, 2006
43. Brown GA, Vukovich MD, and King DS. Urinary excretion of steroid metabolites following chronic androstenedione ingestion. J. Clin. Endocrinol. Metab. 12:6235 – 6338, 2004

44. Brown GA, Dewey JC, Brunkhorst J, Vukovich MD, & King DS. Changes in serum testosterone and estradiol concentrations following acute androstenedione ingestion in young women. Horm Metab Res. 1:62-66, 2004

45. Kohut ML, Thompson JR, Campbell J, Brown GA, Vukovich MD, Jackson DA, & King DS. Ingestion of a Dietary Supplement Containing Dehydroepiandrosterone (DHEA) and Androstenedione Has Minimal Effect on Immune Function in Middle-Aged Men. J Am Coll Nutr. 22: 363-71, 2003

46. Brown GA, Martini ER, Roberts BS, Vukovich MD, & King DS. Acute hormonal responses to sublingual androstenediol intake in young men. J Appl Physiol. 92: 142-146, 2002.

47. Brown GA, Vukovich MD, Martini ER, Kohut ML, Franke WL, Jackson DA, & King DS. Effects of androstenedione-herbal supplements on serum sex hormone concentrations in 30-59 year old men. Int J Vitam Nutr Res. 71: 293-301, 2001

48. Brown GA, Vukovich MD, Martini ER, Kohut ML, Franke WL, Jackson DA, & King DS. Endocrine and lipid responses to chronic androstenediol-herbal supplementation in 30 to 58 year old men. J Am Coll Nutr. 20: 520-528, 2001.

49. Brown GA, Vukovich MD, Martini ER, Kohut ML, Franke ML, Jackson DA, & King DS. Endocrine response to chronic androstenedione intake in 30-56 year old men. J Clin Endocrinol Metab. 85: 4074-4080, 2000.

50. Brown GA, Vukovich MD, Reifenrath TA, Uhl NL, Parsons KA, Sharp RL, & King DS. Effects of anabolic precursors on serum testosterone concentrations and adaptations to resistance training in young men. Int J Sport Nutr Exerc Metab. 10: 342-362, 2000.

51. Brown GA, Vukovich MD, Sharp RL, Reifenrath TA, Parsons KA, & King DS. Effect of oral DHEA on serum testosterone and adaptations to resistance training in young men. J Appl Physiol. 87: 2274-2283, 1999.

52. King DS, Sharp RL, Vukovich MD, Brown GA, Reifenrath TA, Uhl NL, & Parsons KA. Effect of oral androstenedione on serum testosterone and adaptations to resistance training in young men: a randomized controlled trial. JAMA. 281: 2020-2028, 1999.

Refereed Presentations

1. Brown GA, Jackson B, Szekely B, Schramm T, Shaw BS, Shaw I. A Pre-Workout Supplement Does Not Improve 400 M Sprint Running or Bicycle Wingate Test Performance in Recreationally Trained Individuals. Med Sci Sport Exerc. 50(5), 2932. 65th Annual Meeting of the American College of Sports Medicine. Minneapolis, MN. June 2018.

2. Paulsen SM, Brown GA. Neither Coffee Nor A Stimulant Containing "Pre-workout" Drink Alter Cardiovascular Drift During Walking In Young Men. Med Sci Sport Exerc. 50(5), 2409. 65th Annual Meeting of the American College of Sports Medicine. Minneapolis, MN. June 2018.

3. Adkins M, Bice M, Bickford N, Brown GA. Farm to Fresh! A Multidisciplinary Approach to Teaching Health and Physical Activity. 2018 spring SHAPE America central district conference. Sioux Falls, SD. January 2018.

4. Shaw I, Kinsey JE, Richards R, Shaw BS, and Brown GA. Effect Of Resistance Training During Nebulization In Adults With Cystic Fibrosis. International Journal of Arts & Sciences' (IJAS). International Conference for Physical, Life and Health Sciences which will be held at FHWien University of Applied Sciences of WKW, at Währinger Gürtel 97, Vienna, Austria, from 25-29 June 2017.

5. Bongers M, Abbey BM, Heelan K, Steele JE, Brown GA. Nutrition Education Improves Nutrition Knowledge, Not Dietary Habits In Female Collegiate Distance Runners. Med Sci Sport Exerc. 49(5), 389. 64th Annual Meeting of the American College of Sports Medicine. Denver, CO. May 2017.

6. Brown GA, Steele JE, Shaw I, Shaw BS. Using Elisa to Enhance the Biochemistry Laboratory Experience for Exercise Science Students. Med Sci Sport Exerc. 49(5), 1108. 64th Annual Meeting of the American College of Sports Medicine. Denver, CO. May 2017.

7. Brown GA, Shaw BS, and Shaw I. Effects of a 6 Week Conditioning Program on Jumping, Sprinting, and Agility Performance In Youth. Med Sci Sport Exerc. 48(5), 3730. 63rd Annual Meeting of the American College of Sports Medicine. Boston, MA. June 2016.

8. Shaw I, Shaw BS, Boshoff VE, Coetzee S, and Brown GA. Kinanthropometric Responses To Callisthenic Strength Training In Children. Med Sci Sport Exerc. 48(5), 3221. 63rd Annual Meeting of the American College of Sports Medicine. Boston, MA. June 2016.

9. Shaw BS, Shaw I, Gouveia M, McIntyre S, and Brown GA. Kinanthropometric Responses To Moderate-intensity Resistance Training In Postmenopausal Women. Med Sci Sport Exerc. 48(5), 2127. 63rd Annual Meeting of the American College of Sports Medicine. Boston, MA. June 2016.

10. Bice MR, Cary JD, Brown GA, Adkins M, and Ball JW. The use of mobile applications to enhance introductory anatomy & physiology student performance on topic specific in-class tests. National Association for Kinesiology in Higher Education National Conference. January 8, 2016.

11. Shaw I, Shaw BS, Lawrence KE, Brown GA, and Shariat A. Concurrent Resistance and Aerobic Exercise Training Improves Hemodynamics in Normotensive Overweight and Obese Individuals. Med Sci Sport Exerc. 47(5), 559. 62nd Annual Meeting of the American College of Sports Medicine. San Diego, CA. May 2015.

12. Shaw BS, Shaw I, McCrorie C, Turner S., Schnetler A, and Brown GA. Concurrent Resistance and Aerobic Training in the Prevention of Overweight and Obesity in Young Adults. Med Sci Sport Exerc. 47(5), 223. 62nd Annual Meeting of the American College of Sports Medicine. San Diego, CA. May 2015.

13. Schneekloth B, Shaw I, Shaw BS, and Brown GA. Physical Activity Levels Using Kinect™ Zumba Fitness versus Zumba Fitness with a Human Instructor. Med Sci Sport Exerc. 46(5), 326. 61st Annual Meeting of the American College of Sports Medicine. Orlando, FL. June 2014.

14. Shaw I, Lawrence KE, Shaw BS, and Brown GA. Callisthenic Exercise-related Changes in Body Composition in Overweight and Obese Adults. Med Sci Sport Exerc. 46(5), 394. 61st Annual Meeting of the American College of Sports Medicine. Orlando, FL June 2014.

15. Shaw BS, Shaw I, Fourie M, Gildenhuys M, and Brown GA. Variances In The Body Composition Of Elderly Woman Following Progressive Mat Pilates. Med Sci Sport Exerc. 46(5), 558. 61st Annual Meeting of the American College of Sports Medicine. Orlando, FL June 2014.

16. Brown GA, Shaw I, Shaw BS, and Bice M. Online Quizzes Enhance Introductory Anatomy & Physiology Performance on Subsequent Tests, But Not Examinations. Med Sci Sport Exerc. 46(5), 1655. 61st Annual Meeting of the American College of Sports Medicine. Orlando, FL June 2014.

17. Kahle, A. and Brown, G.A. Electromyography in the Gastrocnemius and Tibialis Anterior, and Oxygen Consumption, Ventilation, and Heart Rate During Minimalist versus Traditionally Shod Running. 27th National Conference on Undergraduate Research (NCUR). La Crosse, Wisconsin USA. April 11-13, 2013

18. Shaw, I., Shaw, B.S., and Brown, G.A. Resistive Breathing Effects on Pulmonary Function, Aerobic Capacity and Medication Usage in Adult Asthmatics Med Sci Sports Exerc 45 (5). S1602 2013. 60th Annual Meeting of the American College of Sports Medicine, Indianapolis, IN USA, May 26-30 3013

19. Shaw, B.S. Gildenhuys, G.A., Fourie, M. Shaw I, and Brown, G.A. Function Changes In The Aged Following Pilates Exercise Training. Med Sci Sports Exerc 45 (5). S1566 60th Annual Meeting of the American College of Sports Medicine, Indianapolis, IN USA, May 26-30 2013

20. Brown, G.A., Abbey, B.M., Ray, M.W., Shaw B.S., & Shaw, I. Changes in Plasma Free Testosterone and Cortisol Concentrations During Plyometric Depth Jumps. Med Sci Sports Exerc 44 (5). S598, 2012. 59th Annual Meeting of the American College of Sports Medicine. May 29 - June 2, 2012; San Francisco, California

21. Shaw, I., Fourie, M., Gildenhuys, G.M., Shaw B.S., & Brown, G.A. Group Pilates Program and Muscular Strength and Endurance Among Elderly Woman. Med Sci Sports Exerc 44 (5). S1426. 59th Annual Meeting of the American College of Sports Medicine. May 29 - June 2, 2012; San Francisco, California

22. Shaw B.S., Shaw, I., & Brown, G.A. Concurrent Inspiratory-Expiratory and Aerobic Training Effects On Respiratory Muscle Strength In Asthmatics. Med Sci Sports Exerc 44 (5). S2163. 59th Annual Meeting of the American College of Sports Medicine. May 29 - June 2, 2012; San Francisco, California

23. Scheer, K., Siebrandt, S., Brown, G.A, Shaw B.S., & Shaw, I. Heart Rate, Oxygen Consumption, and Ventilation due to Different Physically Active Video Game Systems. Med Sci Sports Exerc 44 (5). S1763. 59th Annual Meeting of the American College of Sports Medicine. May 29 - June 2, 2012; San Francisco, California

24. Jarvi M.B., Shaw B.S., Shaw, I., & Brown, G.A. (2012) Paintball Is A Blast, But Is It Exercise? Heart Rate and Accelerometry In Boys Playing Paintball. Med Sci Sports Exerc 44 (5). S3503. 59th Annual Meeting of the American College of Sports Medicine. May 29 - June 2, 2012; San Francisco, California

25. Shaw, I., Shaw, B.S., and Brown G.A. Effort-dependent Pulmonary Variable Improvements Following A Novel Breathing Retraining Technique In Asthmatics. Med Sci Sports Exerc

43 (5). S617, 2011. 58th Annual Meeting of the American College of Sports Medicine. May 31-June 4, 2011 Denver, Colorado

26. Brown G.A. Shaw, B.S., and Shaw, I. Exercise and a Low Carbohydrate Diet Reduce Body Fat but Not PYY and Leptin Concentrations. Med Sci Sports Exerc 43 (5). S4627, 2011. 58th Annual Meeting of the American College of Sports Medicine. May 31-June 4, 2011 Denver, Colorado
27. Shaw, B.S., Shaw, I, and Brown G.A. Pulmonary Function Changes In Response To Combined Aerobic And Resistance Training In Sedentary Male Smokers. Med Sci Sports Exerc 43 (5). S492, 2011. 58th Annual Meeting of the American College of Sports Medicine. May 31-June 4, 2011 Denver, Colorado
28. Heiserman, K., Brown G.A., Shaw, I., and Shaw, B.S. Seated Weighted Abdominal Exercise Activates the Hip Flexors, But Not Abdominals, More Than Unweighted Crunches. A Med Sci Sports Exerc 43 (5). S277, 2011 58th Annual Meeting of the American College of Sports Medicine. May 31-June 4, 2011 Denver, Colorado
29. Brown, G.A., Nienhueser, J., Shaw, I., and Shaw, B.S. Energy Drinks Alter Metabolism at Rest but not During Submaximal Exercise in College Age Males. Med Sci Sports Exerc. 42 (5): S1930. 57th Annual Meeting American College of Sports Medicine, June 1-5, 2010. Baltimore, MD
30. Shaw, I, Shaw, B.S., and Brown G.A. Abdominal and Chest Wall Compliance in Asthmatics: Effects of Different Training Modes. Med Sci Sports Exerc. 42 (5): S1588. 57th Annual Meeting American College of Sports Medicine, June 1-5, 2010. Baltimore, MD.
31. Shaw, B.S., Shaw, I, and Brown G.A. Exercise Effects on Lipoprotein Lipids in the Prevention of Cardiovascular Disease in Sedentary Males Smokers. Med Sci Sports Exerc. 42 (5): S1586. 57th Annual Meeting American College of Sports Medicine, June 1-5, 2010. Baltimore, MD.
32. Brown, G.A. Collaborative Research at a Primarily Undergraduate University. Med Sci Sports Exerc. 42 (5): S424. 57th Annual Meeting American College of Sports Medicine, June 1-5, 2010. Baltimore, MD.
33. Nienhueser, J., Brown, G.A., Effects of Energy Drinks on Resting and Submaximal Metabolism in College Age Males. NCUR 24 (24th National Conference on Undergraduate Research). Missoula, MT. April 15-17, 2010
34. Brown, G.A., N. Dickmeyer, A. Glidden, C. Smith, M. Beckman, B. Malicky, B.S. Shaw and I. Shaw. Relationship of Regional Adipose Tissue Distribution to Fasting Plasma PYY Concentrations in College Aged Females. 56th Annual Meeting American College of Sports Medicine, May 27-30, 2009. Seattle, WA. Med Sci Sports Exerc. 41 (5): S1333
35. Shaw, B.S., I. Shaw, and G.A. Brown. Contrasting Effects Of Exercise On Total And Intra-abdominal Visceral Fat. 56th Annual Meeting American College of Sports Medicine, May 27-30, 2009. Seattle, WA. Med Sci Sports Exerc. 41 (5): S1718
36. Shaw, I., B.S. Shaw, and G.A. Brown. Role of Endurance and Inspiratory Resistive Diaphragmatic Breathing Training In Improving Asthmatic Symptomology. 56th Annual

Meeting American College of Sports Medicine, May 27-30, 2009. Seattle, WA. Med Sci Sports Exerc. 41 (5): S2713

37. McWha, J., S. Horst, G.A. Brown, B.S. Shaw, and I. Shaw. Energy Cost of Physically Active Video Gaming Against a Human or Computer Opponent. 56th Annual Meeting American College of Sports Medicine, May 27-30, 2009. Seattle, WA. Med Sci Sports Exerc. 41 (5): S3069

38. Horst, S., J. McWha, G.A. Brown, B.S. Shaw, and I. Shaw. Salivary Cortisol and Blood Lactate Responses to Physically Active Video Gaming in Young Adults. 56th Annual Meeting American College of Sports Medicine, May 27-30, 2009. Seattle, WA. Med Sci Sports Exerc. 41 (5): S3070

39. Glidden A., M. Beckman, B. Malciky, C. Smith, and G.A. Brown. Peptide YY Levels in Young Women: Correlations with Dietary Macronutrient Intake and Blood Glucose Levels. 55th Annual Meeting American College of Sports Medicine, May 28-31, 2008. Indianapolis, IN. Med Sci Sports Exerc. 40 (5): S741

40. Smith C., Glidden A. M. Beckman, B. Malciky, and G.A. Brown. Peptide YY Levels in Young Women: Correlations with Aerobic Fitness & Resting Metabolic Rate. 55th Annual Meeting American College of Sports Medicine, May 28-31, 2008. Indianapolis, IN. Med Sci Sports Exerc. 40 (5): S742

41. Brown, G.A. M. Holoubeck, B. Nylander, N. Watanabe, P. Janulewicz, M. Costello, K.A. Heelan, and B. Abbey. Energy Costs of Physically Active Video Gaming in Children: Wii Boxing, Wii tennis, and Dance Dance Revolution. 55th Annual Meeting American College of Sports Medicine, May 28-31, 2008. Indianapolis, IN. Med Sci Sports Exerc. 40 (5): S2243

42. McFarland, S.P. and G.A. Brown. One Session of Brisk Walking Does Not Alter Blood Glucose Homeostasis In Overweight Young Men. 53rd annual meeting of the American College of Sports Medicine, Denver, CO. Med Sci Sports Exerc 38: S205, 2006

43. Stahlnecker IV, A.C. and G.A. Brown Acute Effects of a Weight Loss Supplement on Resting Metabolic Rate and Anaerobic Exercise Performance. 53rd annual meeting of the American College of Sports Medicine, Denver, CO. Med Sci Sports Exerc 38: S403, 2006

44. Brown, G.A. and A. Swendener. Effects of Exercise and a Low Carbohydrate Diet on Serum PYY Concentrations 53rd annual meeting of the American College of Sports Medicine, Denver, CO.. Med Sci Sports Exerc 38: s461, 2006

45. Swendener, A.M. and G.A. Brown. Effects of Exercise Combined with a Low Carbohydrate Diet on Health. 53rd annual meeting of the American College of Sports Medicine, Denver, CO. Med Sci Sports Exerc 38: s460, 2006

46. Swendener, A.M. and G.A. Brown. Effects Of Exercise Combined With A Low Carbohydrate Diet On Health. NCUR® 20, 2006

47. Stahlnecker IV, A.C. and G.A. Brown. Acute Effects Of A Weight Loss Supplement On Resting Metabolic Rate And Anaerobic Exercise. NCUR® 20, 2006

48. Eck, L. M. and G.A. Brown. Preliminary Analysis of Physical Fitness Levels in Kinesiology Students. Southern Regional Undergraduate Honors Conference. March 31, 2005.
49. Brown, G.A., J.N. Drouin, and D. MacKenzie. Resistance Exercise Does Not Change The Hormonal Response To Sublingual Androstenediol. 52nd Annual Meeting of the American College of Sports Medicine, June 1-4, 2005, Nashville, TN. Med Sci Sports Exerc 37(5): S40, 2005
50. Brown, G.A., M.P Rebok, M.L. Scott, M.K. Colaluca, and J Harris III. Economy of Jogging Stroller Use During Running. 51st Annual Meeting of the American College of Sports Medicine, June 2-5, 2004, Indianapolis, IN. Med Sci Sports Exerc 36(5): S1714, 2004
51. M.P. Rebok, M.L. Scott, J. Harris III, M.K. Colaluca, and G.A. Brown. Economy of Jogging Stroller use During Running. Georgia Southern University Legislative Wild Game Supper, 2004.
52. M.P. Rebok, M.L. Scott, J. Harris III, M.K. Colaluca, and G.A. Brown. Energy cost of jogging stroller use during running. Annual Meeting of the Southeastern Chapter of the American College of Sports Medicine, 2004.
53. Brown, G.A., Effect of 8 weeks androstenedione supplementation and weight training on glucose tolerance and isokinetic strength. Annual Meeting of the Southeastern Chapter of the American College of Sports Medicine, 2004.
54. Brown, G.A., Vukovich, M.D., Kohut, M.L., Franke, W.D., Jackson, D.A., King, D.S., and Bowers, L.D. Urinary excretion of steroid metabolites following chronic androstenedione ingestion. 50th Annual Meeting of the American College of Sports Medicine, May 27-31 2003, San Francisco, CA. Med Sci Sports Exerc 35(5): S1835
55. Brown, G.A., E.R. Martini, B.S. Roberts, M.D. Vukovich, and D.S. King. Effects of Sublingual androstenediol-cyclodextrin on serum sex hormones in young men. 48th Annual Meeting American College of Sports Medicine, May 30 – June 2, 2001. Baltimore, MD. Med Sci Sports Exerc. 33(5): S1650
56. Kohut, M.L., J.R. Thompson, J. Campbell, G.A. Brown, and D.S. King. Ingestion of a dietary supplement containing androstenedione and dehydroepiandrosterone (DHEA) has a minimal effect on immune response. International Society of Exercise and Immunology, 3rd Annual Convention May 29-30, 2001. Baltimore, MD. Med. Sci. Sports Exerc. 33(5): SISEI12
57. Brown, G.A., E.R. Martini, B.S. Roberts, and D.S. King. Effects of Sublingual androstenediol-cyclodextrin on serum sex hormones in young men. Iowa State University Educational Research Exchange, March 24, 2001. Ames, IA.
58. Martini, E.R., G.A. Brown, M.D. Vukovich, M.L. Kohut, W.D. Franke, D.A. Jackson, and D.S. King. Effects of androstenedione-herbal supplementation on serum sex hormone concentrations in 30-59 year old men. Iowa State University Educational Research Exchange, March 24, 2001. Ames, IA.

59. King, D.S., G.A. Brown, M.D. Vukovich, M.L. Kohut, W.D. Franke, and D.A. Jackson. Effects of Chronic Oral Androstenedione Intake in 30-58 year Old Men. 11th International Conference on the Biochemistry of Exercise. June 4-7, 2000. Little Rock, Arkansas

60. Brown, G.A., M.L. Kohut, W.D. Franke, D. Jackson, M.D. Vukovich, and D.S. King. Serum Hormonal and Lipid Responses to Androgenic supplementation in 30 –59 year old men. 47TH Annual Meeting American College of Sports Medicine, May 31-June 3, 2000. Indianapolis, IN. Med Sci Sports Exerc. 32(5): S486

61. Brown, G.A., T.A. Reifenrath, N.L. Uhl, R.L. Sharp, and D.S. King. Oral anabolic-androgenic supplements during resistance training: Effects on glucose tolerance, insulin action, and blood lipids. 1999 Annual Meeting American College of Sports Medicine, Seattle, WA. Med Sci Sports Exerc. 31(5): S1293

62. Reifenrath, T.A., R.L. Sharp, G.A. Brown, N.L. Uhl, and D.S. King. Oral anabolic-androgenic supplements during resistance training: Effects on body composition and muscle strength. 1999 Annual Meeting American College of Sports Medicine, Seattle, WA. Med Sci Sports Exerc. 31(5): S1292

63. King, D.S., R.L. Sharp, G.A. Brown, T.A. Reifenrath, and N.L. Uhl. Oral anabolic-androgenic supplements during resistance training: Effects on serum testosterone and estrogen concentrations. 1999 Annual Meeting American College of Sports Medicine, Seattle, WA. Med Sci Sports Exerc. 31(5): S1291

64. Parsons, K.A., R.L. Sharp, G.A. Brown, T.A. Reifenrath, N.L. Uhl, and D.S. King. Acute effects of oral anabolic-androgenic supplements on blood androgen and estrogen levels in man. 1999 Annual Meeting American College of Sports Medicine, Seattle, WA. Med Sci Sports Exerc. 31(5): S1290

Book Chapters

Brown, G.A. Chapters on Androstenedione and DHEA. In: Nutritional Supplements in Sport, Exercise and Health an A-Z Guide. edited by Linda M. Castell, Samantha J. Stear, Louise M. Burke. Routledge 2015.

Brown, G.A. Evaluating a Nutritional Supplement with SOAP Notes to Develop Critical Thinking Skills. In: Teaching Critical Thinking and Clinical Reasoning in the Health Sciences, edited by Facione NC and Facione PA. Millbrae, CA: California Academic Press 2008

Non Refereed Publications

Brown, G.A. and King, D.S. Sport Dietary Supplement Update on DHEA supplementation. Human Kinetics Publishers, Inc. October, 2000.

Brown, G.A. Getting in Shape for Paintball in the Winter. Paintball Sports International, January, 1999

Invited Presentations

Brown G.A. Collaborative experiences with researchers in South Africa. Africa Summit 2019 (March 28, 2019). Presented by the University of Nebraska and the University of Nebraska Medical Center.

Peer Reviewer for the Following Journals

Advances in Physiology Education. http://www.the-aps.org/publications/advan/

African Journal For Physical, Health Education, Recreation and Dance (AJPHERD). ISSN: 1117-4315 http://www.ajol.info/journal_index.php?jid=153

Anatomical Sciences Education. http://www.asejournal.com

Asian Journal of Sports Medicine. http://asjsm.tums.ac.ir/index.php/asjsm

CardioVascular Journal of Africa. http://www.cvjsa.co.za/

Complementary Therapies in Medicine. http://ees.elsevier.com/ctim/

European Journal of Sport Science. http://www.tandf.co.uk/journals/titles/17461391.asp

Games for Health Journal. http://www.liebertpub.com/overview/games-for-health-journal/588/

Global Journal of Health and Physical Education Pedagogy. http://js.sagamorepub.com/gjhpep

Interactive Learning Environments. https://www.tandfonline.com/toc/nile20/current

International Journal of Exercise Science. http://digitalcommons.wku.edu/ijes/

Journal of Sports Sciences. http://www.tandf.co.uk/journals/titles/02640414.html

Journal of Strength and Conditioning Research. http://journals.lww.com/nsca-jscr/pages/default.aspx

Lung. http://www.springer.com/medicine/internal/journal/408

Pediatrics. http://pediatrics.aappublications.org/

Scandinavian Journal of Medicine and Science in Sports. http://www.blackwellpublishing.com/journal.asp?ref=0905-7188

South African Journal of Diabetes and Vascular Disease http://www.diabetesjournal.co.za/

The American Journal of Physiology - Endocrinology and Metabolism. http://ajpendo.physiology.org/

The American Journal of Physiology - Heart and Circulatory Physiology. http://ajpheart.physiology.org/

The American Journal of Physiology - Regulatory, Integrative and Comparative Physiology. http://ajpregu.physiology.org/

The International Journal of Sport Nutrition & Exercise Metabolism. http://www.humankinetics.com/IJSNEM/journalAbout.cfm

The Journal of Sports Science and Medicine (JSSM) http://www.jssm.org/

The International Journal of Nutrition and Metabolism ww.academicjournals.org/IJNAM

The Open Sports Sciences Journal. http://benthamscience.com/open/tossj/index.htm

The Journal of Applied Physiology. http://jap.physiology.org/

African Health Sciences. http://www.ajol.info/index.php/ahs

Menopause. http://journals.lww.com/menopausejournal/pages/default.aspx

Membership in Professional Organizations

American College of Sports Medicine

American Physiological Society

National Strength and Conditioning Association

Graduate Student Advisement/Mentoring

Kourtney Woracek. MAEd Thesis Committee. in progress

Marissa Bongers. MAEd Thesis Committee Director. Dietary Habits and Nutrition Knowledge in Female Collegiate Distance Runners. Degree Awarded Spring 2016.

Justin Thiel. MAEd Advisor. Degree Awarded Spring 2016.

Mitchell Sasek. MAEd Advisor. Degree Awarded Summer 2015

Chad Keller. MAEd Advisor. Degree Awarded Summer 2014

Faron Klingehoffer. MAEd Advisor. Degree Awarded Summer 2014

Joe Scharfenkamp. MAEd Internship Advisor. Degree Awarded Summer 2014

Andrew Hudson. MAEd Thesis Committee. Thesis Title. valuation of Weight Loss in Parents Participating in a Pediatric Obesity Treatment Intervention Degree Awarded Fall 2012

Megan Adkins. Doctoral Dissertation Committee. An Examination of Changes in Sedentary Time with the Integration of Technology for Children Participating in a Morning Fitness Program. Degree Awarded Summer 2011

Christopher Campbell. MAEd Advisor. Degree Awarded Spring 2011

Logan Brodine. MAEd Advisor. Degree Awarded Spring 2010

Megan Costello. MAEd Thesis Committee. Changes in the Prevalence of at risk of overweight or overweight in children. Degree Awarded Spring 2009

Pamela Janulewciz, MAEd Thesis Committee. Effects of Exercise Balls as Chair Replacements in a Fourth Grade Classroom. Degree Awarded Spring 2008

Melissa Shelden. MAEd Advisor.

Michael Bell. MAEd Advisor.

Karen DeDonder. MAEd Thesis Committee. Confidence Levels of Certified Athletic Trainers Regarding Female Athlete Triad Syndrome. Degree Awarded Spring 2008

Benjamin Nylander. MAEd Comprehensive Project Director. Degree Awarded Summer 2007

Eme Ferro. MAEd advisor. Degree Awarded Summer 2007

Julie McAlpin. MAEd Thesis Committee. Children Escorted to School; effect on Parental Physical Activity Degree awarded fall 2006

Michael Ray. MAEd Comprehensive Project Director. Degree Awarded Summer 2006

Seth McFarland. MAEd Thesis Committee Director. The Effects of Exercise Duration on Glucose Tolerance and Insulin Sensitivity in Mildly Overweight Men. Degree Awarded Summer 2005

Drew McKenzie. MS Academic Advisor. Degree Awarded Spring 2005

Matthew Luckie. MS Academic Advisor. Degree Awarded Spring 2005

Todd Lane. MS Academic Advisor

Leilani Lowery. MS Internship committee, Degree Awarded Spring 2003

Johnna Ware. MS Internship committee, Degree Awarded Spring 2003

David Bass. MS Internship committee, Degree Awarded Spring 2003

Crystal Smith. MS Internship committee, Degree Awarded Summer 2003

Undergraduate Student Research Mentoring

Cassidy Johnson. Project to be determined. Undergraduate Research Fellowship (Fall 2019 -)

Taylor Wilson. A comparison of High Intensity Interval Exercise on a bicycle ergometer to a treadmill on Resting Metabolic Rate the next day. Undergraduate Research Fellowship (Fall 2018 -)

Dakota Waddell. The effect of yoga versus mindful meditation on stress in physically active and non-physically active female college-aged students Undergraduate Research Fellowship (Fall 2018 -)

Dakota Waddell. A case study of the effects of the *osteostrong* program on bone mineral density and lean body mass in a paraplegic male. Undergraduate Research Fellowship (Fall 2017 – Spring 2018)

Andrew Fields. The effects of retraining running cadence on oxygen consumption in experienced runners. Undergraduate Research Fellowship. (Fall 2017 – Spring 2019)

Logan Engel. The effects of Tart Cherry Juice on Delayed Onset Muscle Soreness following Eccentric Exercise. Undergraduate Research Fellowship. Fall 2017 -

Stephanie Paulsen. Comparing the effects of coffee to a pre-workout drink on cardiovascular drift. Summer Student Research Program. University of Nebraska Kearney. Summer 2017.

Stephanie Paulsen. Comparing the effects of coffee to a pre-workout drink on resting and exercise metabolic rate. Undergraduate Research Fellowship. Spring 2017 - .

Rachael Ernest. Comparing the effects of coffee to a pre-workout drink on resting and exercise metabolic rate. Undergraduate Research Fellowship. Fall 2016 - Spring 2017.

Aleesha Olena. Evaluating the role of body composition on abdominal muscle definition. Undergraduate Research Fellowship. University of Nebraska Kearney. Fall 2016 - Spring 2017.

Marco Escalera. Evaluating the role of body composition on abdominal muscle definition. Undergraduate Research Fellowship. University of Nebraska Kearney. Fall 2015 - Spring 2017.

Trevor Schramm. Effects of "pre-workout' drinks on 400 m sprint performance and salivary cortisol concentrations. Undergraduate Research Fellowship. University of Nebraska Kearney. Spring 2016.

Taylor Turek. Evaluating the role of body composition on abdominal muscle definition. Undergraduate Research Fellowship. University of Nebraska Kearney. Fall 2015 - Spring 2016.

Brian Szekely. Effects of "pre-workout" drinks on Wingate test performance and blood lactate concentrations. Undergraduate Research Fellowship. University of Nebraska Kearney. Fall 2014 - Spring 2016.

Brianna Jackson. Effects of "pre-workout' drinks on 400 m sprint performance and salivary cortisol concentrations. Undergraduate Research Fellowship. University of Nebraska Kearney. Fall 2014 – Fall 2015.

Ashley Pearson. Changes in resting metabolic rate over a semester in undergraduate students. Undergraduate Research Fellowship. University of Nebraska Kearney. Fall 2013 - Spring 2015.

Tricia Young. Changes in resting metabolic rate over a semester in undergraduate students. Undergraduate Research Fellowship. University of Nebraska Kearney. Fall 2013 - Spring 2014.

Gavin Schneider. Effects of "pre-workout" drinks on resistance training performance. Undergraduate Research Fellowship. University of Nebraska Kearney. Fall 2013 - Spring 2014.

Bridgette Schneekloth. Physical Activity while engaging in a Zumba dance class or Microsoft Kinect Zumba. Summer Student Research Program. University of Nebraska Kearney. Summer 2013.

Bridgette Schneekloth. Physical Activity while engaging in Microsoft Kinect Track & Field running vs. free running on an indoor track. Undergraduate Research Fellowship. University of Nebraska Kearney. Fall 2012 - Spring 2014.

Adam Kahle. Evaluating changes in running mechanics with "barefoot" footwear. Summer Student Research Program. University of Nebraska Kearney. Summer 2012

Michelle Jarvi. Quantifying paintball as a form of physical activity in Boys. Undergraduate Research Fellowship. University of Nebraska Kearney. Fall 2011 - Spring 2012.

Benjamin Lentz, Krista Scheer, & Sarah Siebrandt. Wii, Kinect, and Move for Physical Activity: Analysis of Energy Expenditure, Heart Rate, and Ventilation. Undergraduate Research Fellowship. University of Nebraska Kearney. Fall 2010 - Spring 2012.

Katlyn Heiserman. Comparison of EMG activity in the rectus abdominis and rectus femoris during supine un-weighted abdominal crunch exercise and a seated abdominal crunch exercise weight machine. Summer Student Research Program. University of Nebraska Kearney. Summer 2010

Janae Nienhueser. Effects of Energy drink on resting and submaximal exercise metabolism in college age men. Summer Student Research Program. University of Nebraska Kearney. Summer 2009

Jessica McWha. Metabolic changes while playing active video gaming against a human and computer opponent. Summer Student Research Program and Undergraduate Research Fellowship. University of Nebraska Kearney. Summer 2008 – Spring 2009

Sarah Horst. Changes in blood lactate and salivary cortisol concentrations while "exergaming" against a human or computer opponent. Summer Student Research Program. University of Nebraska Kearney. Summer 2008

Craig Carstensen. Differences in the Physiological Response to Treadmill versus Freely Paced Walking. Summer Student Research Program. University of Nebraska Kearney. Summer 2006

Alvah Stahlnecker Acute effects of a weight loss supplement on resting metabolic rate and anaerobic exercise performance. Summer Student Research Program. University of Nebraska Kearney. Summer 2005

Allison Swendener. Effects of exercise combined with a low carbohydrate diet on health. Summer Student Research Program. University of Nebraska Kearney. Summer 2005

Kamilah Whipple. A measurement of the physical activity and fitness of undergraduate Georgia Southern University students. Ronald E. McNair Post-Baccalaureate Achievement Program. Georgia Southern University. Summer 2004.

Lindsey Eck. Preliminary Analysis of Physical Fitness Levels in Kinesiology Students. Independent undergraduate research project. Georgia Southern University. Summer 2004.

Description of Graduate Courses Taught

PE 870: Advanced Exercise Physiology Course presumes a student has had a basic course in exercise physiology. The content of cardiorespiratory fitness, body composition, muscular strength/flexibility, body fluids and metabolism is presented beyond the introductory level. (University of Nebraska at Kearney)

PE 866P: Nutrition for Health and Sport. (Dual listed/taught with PE 469) Metabolism and metabolic regulation, the influence of dietary practices on health and human performance, and mechanisms and consequences of weight loss and gain.. (University of Nebraska Kearney)

PE 861P: Physiology of Exercise. (Dual listed/taught with PE 461) Physiological processes of body as pertain to physical activity. How trained and untrained individuals differ, and importance of training. (University of Nebraska at Kearney)

TE 800: Education Research. This introductory web-based course in educational research focuses on evaluating and interpreting educational research and applying its findings to educational practice. (University of Nebraska at Kearney)

KINS 7230: Exercise Physiology. Focuses on the study of the effects of exercise on the physiological functions of the human organism with emphasis on theoretical orientations. (Georgia Southern University)

KINS 7231: Laboratory Techniques in Exercise Physiology. Acquaints the student with the use of typical laboratory equipment used in exercise physiology. (Georgia Southern University)

KINS 7238: Human Performance and Nutrition. Examines the interaction between nutrition and physical activity, including exercise and athletic performance. (Georgia Southern University)

KINS 7431: Applied Sport Physiology. Focuses on the study of exercise physiology principles applied to developing training and conditioning programs for enhancing health related fitness and performance (Georgia Southern University)

KINS 7899: Directed Independent Study. Provides the student with an opportunity to investigate an area of interest under the direction of faculty mentor (Georgia Southern University)

EXSP 551: Advanced Exercise Physiology 2. Analysis of factors affecting work capacity and performance. Human energy metabolism concepts and measurement. (Iowa State University)

Description of Undergraduate Courses Taught

PE 498: Special Topics. (University of Nebraska at Kearney)

PE 475: Research Methods in Exercise Science. This course is designed to introduce advanced undergraduate students to the processes of research in the field of Exercise Science including the processes of finding, reading and understanding Exercise Science research; data collection; data analysis; and data interpretation. (University of Nebraska at Kearney)

PE 469: Sports Nutrition. Metabolism and metabolic regulation, the influence of dietary practices on human performance. (University of Nebraska at Kearney)

PE 461: Physiology of Exercise. Physiological processes of body as pertain to physical activity. How trained and untrained individuals differ, and importance of training. (University of Nebraska at Kearney)

PE 388: General Studies Capstone - The Living Dead in Fact & Fiction. The Living Dead, such as Zombies and Vampires, are pervasive in fictional literature, television, and movies. During this course, novels, television episodes, and movies will be used to identify disease symptoms displayed by the living dead, and these symptoms will then be evaluated regarding what type of medical condition might cause the symptoms.

PE 310: Introduction to Exercise Physiology. Provides a foundation of scientific basis for understanding the body's anatomical structures and physiologic responses to acute exercise, as well as its adaptations to chronic exercise. (University of Nebraska at Kearney)

PE 107. This course is designed to introduce students to the field of Exercise Science as an area of academic study and as a professional career. Students majoring in Exercise Science should take this course in their first year. (University of Nebraska at Kearney)

KINS 4231: Fitness Evaluation and Exercise Prescription. Provides the student with an in-depth study of fitness appraisal and exercise prescription and the development, interpretation, implementation and management of fitness programs (with laboratory). (Georgia Southern University)

KINS 3133: Physiological Aspects of Exercise. Provides an in-depth perspective of physiological and biochemical responses of the human body when subjected to exercise (with laboratory). (Georgia Southern University)

GSU 1210: University Orientation 1. Designed to help first year students understand the purpose of a college education, learn about college requirements, explore values and interests, learn to make decisions and realistic choices, explore career objectives and programs of study, and establish supportive relationships with faculty and staff. Required of all new students during their first semester. (Georgia Southern University)

EX SP 462: Medical Aspect of Exercise. The role of exercise in preventive medicine. Impact of exercise on various diseases, and the effect of various medical conditions on the ability to participate in vigorous exercise and competitive sports. Principles of exercise testing and prescription for individuals with these conditions. Environmental and nutritional aspects of exercise. (Iowa State University)

EX SP 458: Principles of Exercise Testing and Prescription. Physiological principles of physical fitness; design and administration of fitness programs; testing, evaluation, and prescription; cardiac risk factor modification. (Iowa State University)

EX SP 455 (Renumbered as EX SP 358 for Fall 2001). Physiology of Exercise. Physiological basis of human performance; effects of physical activity on body functions (with laboratory). (Iowa State University)

EX SP 355: Biomechanics (Laboratory). Mechanical basis of human performance; application of mechanical principles to exercise, sport and other physical activities. (Iowa State University)

EX SP 258: Physical Fitness and Conditioning. Development of personal fitness using a variety of conditioning and exercise techniques such as aerobics, weight training, and aquatic fitness. Introduction to acute and chronic responses to exercise, and the role of exercise in health promotion and weight management. (Iowa State University)

EX SP 236: Fundamentals of Archery, Badminton, Bowling (Archery Segment). (Iowa State University)

EX SP 119: Archery 1. (Iowa State University)

EX SP 220: Physical Fitness and Conditioning. Development of personal fitness using a variety of conditioning and exercise techniques such as aerobics, weight training, and aquatic fitness. Introduction to acute and chronic responses to exercise, and the role of exercise in health promotion and weight management. (Des Moines Area Community College)

PE 157: Introduction to Athletic training. Introduction to methods of prevention and immediate care of athletic injuries. Basic information concerning health supervision of athletes, and some basic wrapping and strapping techniques for common injuries. (Des Moines Area Community College)

PE 144: Introduction to Physical Education. History and development of physical education as an academic discipline. Principles and current practices of teaching physical education. (Des Moines Area Community College)

PHYSL 130: Human Physiology. Principles of the regulation and maintenance of human physiology. (Utah State University; Volunteer Undergraduate TA)

PHYSL 103 Human Anatomy. Introduction to the structure and location of bones, muscles, and organs in the human body. (Utah State University; Volunteer Undergraduate TA)

Service

Service to the Profession

Associate Editor, Asian Journal of Sports Medicine (2019-).

Director, North American Chapter, International Physical Activity Projects (IPAP) (2009-)

Fellow, American College of Sports Medicine (2008-_)

National Research Foundation (South Africa) peer evaluator for grant applicants

National Research Foundation (South Africa) evaluator of applications for funding in Thuthuka Programme

External Evaluator for Master's Theses and Doctoral Dissertations, University of Johannesburg, Johannesburg South Africa.

Grant proposal reviewer for NASPE/ING Run for Something Better School Awards Program.

Session Chair. Special Event. Undergraduate Research Experiences in Exercise Science. ACSM Annual Meeting, 2010

Session Chair. 2nd Annual Education Research Exchange. Iowa State University Education Research Exchange, 2001

Current Service at the University of Nebraska at Kearney

University Wide

Faculty Senate Parliamentarian (April 2019 – April 2022)

Faculty Senate Oversight Committee Chair (April 2019 – April 2022)

Faculty Senate Executive Committee (April 2019 – April 2022)

Faculty Senate, At Large representative (Fall 2018-)

University Student Conduct Appeals Board (Fall 2019 - May 2020)

General Studies Council (fall 2013-)

University Safety Committee (Fall 2018 -)

University Student Travel Policy Committee (Fall 2019-)

University Retention Council (Fall 2019 -)

External Evaluator, Promotion Committee, Department of Social Work & Criminal Justice (Fall 2019-)

College of Education Dean Search Committee Member (Fall 2019 -)

College of Education

College of Education Promotion and Tenure Committee, Chair (Fall 2012 – present) Member (fall 2008 – spring 2012)

Department of Kinesiology and Sport Sciences

Kinesiology Lecturer Search Committee Member (Fall 2019 -)

Nebraska Kids Fitness and Nutrition Day, volunteer educator and student coordinator. (fall 2005-present)

Academic Advisor for Undergraduate exercise Science Students (Fall 2005 - present)

Previous Service at the University of Nebraska at Kearney

Recreation Faculty Search Committee Member (Spring 2019)

University Student Conduct Board (Fall 2016- May 2017, Fall 2018 – May 2019)

Faculty Senate Athletic Committee (Fall 2018-May 2019)

External Evaluator, Promotion & Tenure, Department of Social Work & Criminal Justice (Fall 2018)

External Evaluator, Faculty Annual Performance Reviews, Department of Social Work & Criminal Justice (Spring 2018)

University Graduate Council. (Fall 2014 – spring 2017)

University Graduate Council Standing Committee I: Policy & Planning Committee (fall 2014 – spring 2017)

Faculty Senate (April 2012- April 2016)

Faculty Senate Executive Council, (April 2014 – April 2016)

Faculty Senate representative to the Oversight Committee (September 2014 – April 2016)

Faculty Senate representative to the Grievance Committee (September 2014 – April 2016)

Faculty Senate representative to the Professional Conduct committee (September 2013 - April 2016)

Youth Agility Speed & Quickness program director (2011-2015)

Faculty Senate ad-hoc committee on best practices in peer evaluation (2013-2014)

Director of General Studies search committee, committee member (2013-2014)

Director of the Office of Sponsored Programs search committee member (2012-2013; 2013-2014)

College peer mentor for implementing Critical Thinking in the classroom (2013-2014)

Chair, Ad-hoc committee for the evaluation of a new Student Evaluation of Instruction survey (2012-2014 academic years)

Ad-hoc committee to enhance communication effectiveness within department faculty and staff (2013-2014)

Exercise Science faculty search (2012-2013)

Undergraduate Research and Creative Activity program review team (2011-2012)

Institutional Review Board for the protection of Human Research Subjects. (Service period 2006 - 2011)

Undergraduate Research Committee (Service fall 2008 – spring 2011)

University Graduate Council. (Service period 2006 - 2010)

Homecoming Hustle (HPERLS Fun Run) Race Director and Coordinator (Service period beginning Fall 2007 – fall 2009)

Ad-hoc Committee on Enhancing Enrollment and Course Offerings in PE 110 Dept. of HPERLS (Service period beginning fall 2006)

Graduate Council Standing Committee 1: Policy and Planning Committee. (Service period beginning fall 2006; Chair in 2007 – 2008 and 2009-2010)

General Studies Roundtable 2 (spring 2006-spring 2007)

Academic Affairs Committee on Teaching Continuity (Service period beginning fall 2006)

Health Science Program Assistant Director Search Committee, University of Nebraska at Kearney. (Service period summer 2006)

Graduate Program Chair, HPERLS Department, University of Nebraska at Kearney (Service period beginning summer 2006 - 2010)

Graduate Dean Search Committee. University of Nebraska at Kearney (Service period 2005 – 2006 academic year)

Assistant HPERLS Department Graduate Coordinator. (Service period 2005 – 2006 academic year)

University of Nebraska at Kearney Centennial Run committee. (Service period fall 2005)

Senior College of Central Nebraska, Fit after 50 course coordinator. (Service period 2005 – 2006 academic year)

Health Science Program Assistant Advisor Search Committee. (Service period summer 2005)

HPERLS Furniture Committee (Service period spring 2005)

Academic Advisor for Undergraduate exercise Science Students (Service period Beginning Fall 2005 academic year; ongoing)

Other Prior University Service

Institutional Review Board, Georgia Southern University (2003- 2004)

GSU Exercise Science undergraduate student advisor (2002 – 2004)

GSU Jiann-Ping Hsu School of Public Health extramural funding task force (2003-2004)

GSU Jiann-Ping Hsu School of Public Health Curriculum Committee (2003-2004)

GSU Jiann-Ping Hsu School of Public Health Assistant Graduate program director (2003-2004)

GSU Jiann-Ping Hsu School of Public Health Laboratory Director’s Committee (2002-2004)

GSU Jiann-Ping Hsu School of Public Health Exercise Science Graduate program coordinator (2003-2004)

GSU Recreation and Athletic Center advisor to the personal training program (2003-2004)

Institutional Biosafety Committee, Georgia Southern University (2003-2004)

Kinesiology Cluster Area, Georgia Southern University, Jiann-Ping Hsu School of Public Health (2002-2004)

Biostatistics Faculty Search Committee. Georgia Southern University, Jiann-Ping Hsu School of Public Health (2002-2003, 2003-2004)

Computer Advisory Committee, Iowa State University, University-Wide, College of Education, and Dept. of Health and Human Performance (2000-2002)

Computer Fee Allocation Committee, Iowa State University (2000-2001)

Dept. of Health and Human Performance Graduate Student Association (Founding Officer and 1st President; 2001-2002)

Sport Management Faculty Search Committee, Iowa State University Dept. of Health and Human Performance (2001-2002)

Previous Community Involvement

Race Director, Central Nebraska Susan G. Komen Race for the Cure (2011, 2012, 2013 events)

Webelos Den Leader, Boy Scouts of America Pack 132, Kearney, NE. Chartered to the Church of Jesus Christ of Latter Day Saints

Scoutmaster, Boy Scouts of America Troop 132, Kearney, NE. Chartered to the Church of Jesus Christ of Latter Day Saints

Tiger Den Coach, Boy Scouts of America Pack 135, Kearney, NE. Chartered to Faith United Methodist Church.

Personal Fitness Merit Badge Counselor. Boy Scouts of America, Overland Trails Council Covered wagon District.

Certifications

American College of Sports Medicine: ACSM Certified Exercise Physiologist (05/21/1998 - 12/31/2021)

USA Track and Field: Level One Coach

American Red Cross: Community First Aid and CPR

Funding

Research Funding

Brown GA, Bice MR, Abbey BM. Shaw I, Shaw BS. Effects of aerobic exercise, resistance exercise, and combined aerobic & resistance exercise on food choices and endocrine signals of satiety in middle aged adults. Submitted 6/26/2017 to National Institutes of Health [PA16-200] - Academic Research Enhancement Award (Parent R15) (Application #1R15DK117436-01). Total Amount Requested: $367,708. (Resubmission of revised proposal; Pending Review.)

Brown GA, Bice MR, Abbey BM. Shaw I, Shaw BS. Effects of aerobic exercise, resistance exercise, and combined aerobic & resistance exercise on food choices and endocrine signals of satiety in middle aged adults. Submitted 6/26/2017 to National Institutes of Health [PA16-200] - Academic Research Enhancement Award (Parent R15) (Application #1R15DK117436-01). Total Amount Requested: $351,708. Pending Review.

Brown GA, Bice MR, Adkins MM, Hollman A, Bickford S, Bickford N, Ranglack D. HEAT it up (Health, Exercise, Aquaponics, Technology) summer camps to grow future health professionals in Rural Nebraska. Submitted 5/25/2017 to National Institutes of Health [PAR17-183] - NICHD Research Education Programs (R25) (Application # 1R25 HD094673-01) Total Amount Requested: $777,006. Pending Review.

Brown GA, Bice MR, Adkins MM, Hollman A, Bickford S, Bickford N, Ranglack D. Teaching Health, Exercise, Technology, & Aquaponics (THETA) Day Camps to Grow Future Health Professionals. University of Nebraska Rural Futures Institutes (RFI) $20,000 – Funded (July 1, 2017 – June 30, 2019)

Brown GA, Bice MR, Adkins MM, Hollman A, Bickford S, Bickford N, Ranglack D. Teaching Health, Exercise, Technology, & Aquaponics (THETA) Day Camps to Grow Future Health Professionals. University of Nebraska Rural Futures Institutes (RFI) and McCook Economic Development Council $11,400 – Funded (May 1, 2017 – August 30, 2017)

Brown GA, Abbey BM, Bice MR. **"**Is milk an effective rehydration beverage during repeated days of dehydrating exercise?" to the Dairy Research Institute® (DRI) $125,560 – Not funded.

Brown GA & Steele J. "Biochemistry Laboratory Experiences for Exercise Science Students" to the Kelly Fund, University of Nebraska. $23,947. Funded. August 2014- June 2016

Brown GA. "Horizon After School Quickness Program" to Blue Cross & Blue Shield of Nebraska for a Community Wellness grant. $14,106. Not funded

Brown GA. "Effects of chocolate milk taken immediately post exercise on the adaptations to strength training in men" to the Dairy Research Institute® (DRI) $123,192 – not funded.

Brown GA., Heelan KA, Bartee RT, & Maughan S. "Active Video Games as an Alternative to Traditional Group Exercise Classes" to the Robert Wood Johnson Health Games Research program. $297,201 – not funded

Brown GA., Nylander B, Heelan KA. Energy Expenditure for Active Video Game Systems: Dance Dance Revolution and Nintendo Wii. University of Nebraska at Kearney Research Services Council. $3,432. Funded

Brown G.A. Effects of green tea extract on fasting plasma insulin, glucose, leptin, and PYY concentrations in humans. University of Nebraska at Kearney Research Services Council. $3,822. Funded

Brown G.A. Dose response relationship between resistance exercise and changes in the hormonal regulation of blood glucose homeostasis. American Diabetes Association Junior faculty Award. $443,293. Not Funded.

Brown G.A., and K. Heelan. Health benefits of green tea extract in women. NIH NCCAM Exploratory/Developmental Grant for Clinical Studies (R21), PAR-03-153. $485,163. Not Funded.

Brown, G.A. Changes In Biomarkers Of Satiety, Aerobic Fitness, And Body Composition While On A Low Fat Or Low Carbohydrate Diet. University of Nebraska at Kearney Research Services Council. $3,750. Funded

Lynott, F., **Brown, G.A**., and K. Heelan. Health and Fitness of HPERLS Students. University of Nebraska at Kearney Research Services Council. $4,000. Funded

Brown G.A., K. Heelan and D.S. King. Pharmacokinetics & Efficacy of Sublingual Androstenediol for Treating Andropause. NIH NCCAM Exploratory/Developmental Grant for Clinical Studies (R21), PAR-03-153. $477,000. Not Funded.

Maughan S.L., D.P.Snider, and **G.A. Brown,** Physical Health and Social Factors Influencing Educational Success Among Hispanic Immigrant Children, University of Nebraska at Kearney Research Services Council. $4,214.60. Funded

McFarland S.P. and **G.A. Brown,** Effects of Exercise Duration on Glucose Tolerance In Mildly Overweight Men, University of Nebraska at Kearney Research Services Council. $750. Funded

Brown, G.A. Effects of Exercise Duration on Insulin Sensitivity In Mildly Overweight Men, University of Nebraska at Kearney Research Services Council. $2,000. Funded

McFarland S.P. and **G.A.Brown,** Effects of Exercise Duration on Glucose Tolerance In Mildly Overweight Men, Gatorade Sports Sciences Institute. $1,500. Not Funded

Brown, G.A. Effects of Exercise Duration on Glucose Tolerance and Insulin Sensitivity in Mildly Overweight Men. Life fitness Academy. $5,000. not funded

Brown, G.A. American College of Sports Medicine Foundation Grant. Endocrinology of weight lifting & androgen supplementation, $10,000. Not Funded.

Brown, G.A. and J.L. McMillan. Experimental and Applied Sciences. Effects of Green Tea Extract on Insulin Sensitivity and Adaptations to Exercise. $71,075. Not Funded.

Brown, G.A. American College of Sports Medicine Foundation Grant. Endocrinology of weight training & androgen supplementation, $10,000. Not Funded.

Brown, G.A. and J. Drouin. Georgia Southern University Faculty Research Grant. Effects of Resistance Training on the Hormonal response to Sublingual Androstenediol Intake. $5,000. Funded

King D.S. and **G.A. Brown.** *World Anti Doping Agency.* Effects of Testosterone Precursors on the Muscular and Hormonal Response to Resistance Training in Men. $464,634. Not Funded.

Brown, G.A. *American College of Sports Medicin*e Foundation Grant. Effect of Raisin Ingestion on Substrate Use During Exercise. $5,000. Not Funded.

King D.S. and **G.A. Brown.** *California Raisin Marketing Board.* The Glycemic Index Of Raisins Fed To Normal People And Non-Insulin Dependent Diabetics. $110,869. Not Funded.

King D.S. and **G.A. Brown.** *California Raisin Marketing Board.* The Effects Of Raisin Ingestion On Substrate Utilization and Endurance Exercise Performance In Trained Cyclists. $ 84,258. Not Funded.

Brown, G.A., E.R. Martini, and B.S. Roberts. Effect of Androstenediol on Serum Sex Hormone Concentrations. Iowa State University Professional Advancement Grant. Graduate Student Senate and Iowa State University Dept. of Health and Human Performance. $700. Funded

Instructional Development Funding

Brown G.A. and K.A. Heelan. University of Nebraska at Kearney. Proposal for the purchase of upgraded resistance exercise equipment in the Human Performance Laboratory. $21,100. Funded.

Brown G.A. and K.A. Heelan. University of Nebraska at Kearney. Proposal for the purchase of a new metabolic cart for the Human Performance Laboratory. $24,560. Funded

Brown, G.A. Georgia Southern University, Center for Excellence in Teaching Instructional Development Grant. Proposal for purchase of heart rate monitors, manual sphygmomanometers, and automated sphygmomanometers. $2,820. Funded.

Brown, G.A. Georgia Southern University, Center for Excellence in Teaching Innovative Teaching Strategies Retreat. Provides $2,000 in instructional technology funds to the participant. Funded.

Brown, G.A. Georgia Southern University, Center for Excellence in Teaching Travel Grant. $750. Funded.

Brown, G.A. Georgia Southern University student technology fee proposal. Proposal for purchase of Molecular Devices SpectraMax 250 plate reader. $17,000. Funded

Brown, G.A. Georgia Southern University student technology fee proposal. Proposal for purchase of Lode Excalibur Sport Bicycle Ergometer and Physiodyne Max 2 Metabolic Cart. $29,577. Funded

Brown, G.A. Georgia Southern University student technology fee proposal. Proposal for purchase of Packard Cobra 2 Automated Gamma Counter. $14,000. Not funded

References

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